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THE UNIVERSITY OF ALBERTA

CLINICAL TEACHING IN A DIPLOMA NURSING PROGRAM

by

© HELENE SMYK

A THESIS
SUBMITTED TO THE FACULTY OF GRADUATE
STUDIES AND RESEARCH IN PARTIAL FULFILMENT
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DOCTOR OF PHILOSOPHY

DEPARTMENT OF EDUCATIONAL ADMINISTRATION

EDMONTON, ALBERTA

FALL, 1987

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled CLINICAL TEACHING IN A DIPLOMA NURSING PROGRAM submitted by HELENE SMYK in partial fulfilment of the requirements for the degree of DOCTOR OF PHILOSOPHY.

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ABSTRACT

This study was undertaken for the purpose of developing the knowledge and understanding of clinical teaching in a diploma nursing program. Clinical teaching was examined, described and analyzed from the perspective of the nursing instructor in the nursing program. The question of how nursing instructors in a diploma nursing program teach the clinical component of the nursing education program was addressed.

Between January and November 1986, the researcher observed fifteen nursing instructors in the clinical nursing units where the nursing instructors were teaching the clinical component of the nursing program. Following the observation of ten nursing instructors, the researcher interviewed each nursing instructor. An interview, which included three nursing professionals, not associated with the nursing program, was conducted and was referred to as the brainstorming session in the study. This brainstorming session occurred in March, 1986 after the researcher had completed eight clinical observations and two interviews. The data for the study included: the researcher's observations of the nursing instructors, the nursing instructors' discussions of clinical teaching, the discussions by the participants in the brainstorming session, and the information obtained from the literature review.

The findings included: 1) descriptions of nursing instructors' interactions with nursing students, patient[illegible] staff, and "others"; 2) descriptions of the nursing instructors' teaching techniques identified as questioning, telling, discussion, supervised practice, and active participation, and 3) descriptions of classroom teaching and clinical teaching.

The case study method using the qualitative research approach for data collection and data analysis was found to be useful to examine, describe, and analyze clinical teaching in a diploma nursing program from the perspective of the nursing instructor.

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CHAPTER I

OVERVIEW OF THE STUDY

Introduction

Educational programs for nursing students include classroom, skill laboratory, community, and clinical components. This study examined the clinical teaching component of a diploma nursing program. In the clinical component of a nursing program, nursing students are provided with opportunities to apply theories and principles of nursing to the practice of nursing. During the clinical component of the nursing program, nursing students provide nursing care to patients and are considered to be members of the health care team. Nursing students are learners in the clinical areas and are supervised by nursing practice personnel and nursing instructors. In this study, the teaching of nursing students by nursing instructors in the clinical component of the nursing program was the area of focus.

The research was conducted in a diploma nursing program in Alberta during January and November 1986. In Alberta, eleven nursing programs prepare nurses at the diploma level in nursing education. Seven programs are community college-based and four programs are in hospital-based schools of nursing.

Purpose of the Study

The purpose of the study was to develop knowledge and an understanding of clinical teaching carried out by nursing instructors in a diploma nursing program. The process of clinical teaching was examined, described, and analyzed from the perspective of the nursing instructor. The following question was addressed in the study: How do nursing instructors in a diploma nursing program teach the clinical component of the nursing education program?

Need for the Study

The need for this research on clinical teaching in a diploma nursing program was justified based on the literature review of clinical teaching. Members of the nursing profession have also identified the need for clinical teaching research in order that the knowledge and understanding of nursing education be developed. Infante (1985:17) indicated that nurses teach as they have been taught and, according to Infante (1985:20), nursing education has relied on a prescriptive, supervised approach to teaching in the clinical laboratory. The need for developing an understanding of clinical teaching in the nursing profession was further supported by Infante (1985:20), who described the clinical area as the "real world" setting and as "the heart" of any program of study.

In reviewing clinical instruction research, Park (1982:7) concluded that little research has been directed toward the basic analysis of clinical teaching behavior. McCabe (1985:257) also indicated that the limited amount of research focusing on clinical instruction is quite revealing, and questioned why more research, which would provide knowledge about the strategies and interaction patterns, is not undertaken. The apparent lack of diversity in teaching strategies utilized in the clinical area, according to McCabe (1985:257), emphasizes the need for faculty to expand their knowledge base in the area of teaching strategies.

The current nursing literature focusing on clinical teaching is limited as previously described by Park and McCabe. The research does not address the preparation of nursing instructors for their roles as clinical teachers in nursing programs. The need for further research on clinical teaching in nursing programs is, therefore, required in order that knowledge and understanding of clinical teaching in nursing be developed. This position is supported by Field (1983:3), who indicated that if one accepts the assumption that the core of any profession lies in its practice, then, to understand that profession, it is necessary to study practice within the contextual setting.

The lack of substantial research, according to McCabe (1985:255), which addresses the effectiveness or ineffectiveness of specific instructional behaviors in the clinical area, hampers the good intentions of any faculty member interested in improving instructional behaviors. The review of the research in clinical teaching indicates an interest in nursing, medicine and dentistry in developing an understanding of the clinical teaching process. It is anticipated that future research will develop the knowledge and theory related to clinical teaching, which will then be incorporated into the pre-service preparation of nursing instructors as well as developed in continuing educational programs.

The need for clinical teaching research was also identified by the professional nurses who participated in the research study. The nursing instructors and the participants in the brainstorming session identified the need for clinical teaching research. These members of the nursing profession have also recognized the limitations of the current knowledge base related to clinical teaching.

The following interview excerpts are provided for the purpose of describing the interest and need for clinical teaching research identified by the members of the nursing profession. The interview excerpts in which the nursing instructors identified the need for clinical teaching research occurred during the data collection portion of the study. The excerpt identified as Group Interview 4 relates to the brainstorming session which was tape recorded during data collection. The three participants in the brainstorming session and the nursing instructors who participated in the study are described in Chapter III.

Following an observation of a nursing instructor in the clinical area, she made the following comments to the researcher:

> I told them (referring to nursing students) that you were coming yesterday. I said that you were coming to observe clinical teaching. I told them that they experienced many instructors and teaching styles, but instructors only know their own (Interview 20:1).

During the brainstorming session, Pat, one of the participants, who was a former diploma nursing program instructor and currently teaching in a baccalaureate degree nursing program, said the following about clinical nursing teaching:

> Pat: I think another frustrating part about clinical nursing, there is nothing as far as data to back up why we do a lot of these things in nursing. It's really anecdotal. Like why do we have six, eight or ten students per instructor? Is it better to have consecutive days or spread out days? What's the number of hours? Again, it boils down to strategies, again, how we teach is strictly anecdotal, we don't have any data to back us.
>
> I: So essentially what we have done has worked till now so we continue doing it.
>
> Pat: That's right, when do we start clinical experience in a program and what kind of clinical experience, and not to mention getting into the evaluation aspect, as Ann mentioned, your strategies change as the student progresses throughout the rotation and there is always the question when do you stop guiding and start evaluating?
>
> I: What's learning time compared to evaluation time?
>
> Ann: Instinctual (Group Interview 4:16).

The limited knowledge of clinical teaching was described by two nursing instructors in the following situations. In the first situation, the instructor was reviewing the fieldnotes of the clinical observation.

> Nursing Instructor: I feel compelled to do that, I don't know if everyone does that but I feel compelled to know what the person's intravenous and site looks like ... (Interview 28:8).

In the next situation, the nursing instructor described her first year as a nursing instructor.

> Nursing Instructor: I found going into the clinical area last year there was a real lack of guidelines in terms of what I should or shouldn't be doing with the students and nobody could give me any definite sort of answers as to this is what you do with the students. You take them on, this is how you supervise them, this is how you divide up your time, this is how you assign patients to the students and I found that it is much easier this year because I sort of have in my mind what I'm doing with the students.

But I found last year because of the lack of information and the lack of guidelines, it was very, very stressful going onto the units and not knowing whether I was doing what I should be doing with them and even this year I'm not sure that I'm doing things that I should be doing with them. I know there are certain things that must be accomplished with the students, but there is a real lack of guidelines as to why we are all doing this, this, and this or why we are sorting out our time this way, this is how you supervise students on a ward, and their just aren't any specific guidelines for that. So it's kind of like you go in and you hope that you are supervising in a manner that will be beneficial to the students, so that they learn their skills and learn how to interact with patients.

I: Are you talking about the norms, for (nursing instructors in your level are) expected to, so you would do it this way, all ... of you expect the same things, or it's normal for all ... of you to do so much?

Nursing Instructor: Yeah, that is it exactly. It is I'm just not sure what the other instructors are doing in supervising the students as opposed to what I'm doing in terms of time allocation, how we are supervising the students, the type of feedback we are giving, the type of patients that we are assigning. I guess that gets, a little its not really frustrating this year, as I say because I have gone through it before. But I think last year I was sort of frustrated because I wasn't sure whether I was being consistent with the rest of the group and this year I still don't know but because I'm more familiar with the program, with the students, what their capabilities are, what my capabilities are, then it's easier to progress through because I have sort of worked out in my own mind what I want to do with that. Little things, even as how much patient research. I know last year I went up to do my patient research it took me an entire day and (my colleague) was just about popped out of her head and asked me what I had been doing. Basically I had gone through the Kardex and had chosen patients that I thought would be good and also extra patients and had gone through all of their charts and it had taken me an entire day, and I just had a massive headache and was incredibly overwhelmed after that. Whereas, this year I realized I don't have to do that, I need to go through the Kardex, pick appropriate patients, and just pick up the prime material that the ... level students need and it took me all of one hour and a half to do it this year, which is such a big change. But I guess it was through misunderstandings and not knowing my role exactly how it should be in the clinical area that made that extra effort

> something that I had to go through last year but it was really nice because I could relate it to (another nursing instructor) this year and tell her don't do that, this is all you have to do (Interview 30:9-12).

The need for clinical teaching research was identified and justified by members of the nursing profession as indicated by the literature review and during the study by the participants. According to Park (1982:7) and McCabe (1985:257), little or limited research on clinical teaching has been directed towards the analysis of the clinical teaching behaviors of nursing instructors. This position was also supported by the participants in the study in the following interviews: Interview (20:1), Group Interview (4:16), and Interview (28:8), which were described earlier. In the literature review, Infante (1985:17) and Field (1983:3) indicated that nurses teach as they have been taught due to the limited knowledge base related to clinical teaching research. Meleca, Schimpfhauser, Witteman, and Sachs (1981:3) also indicated that the clinical teacher is not "born" to clinical instruction but is typically influenced by experience, and some teachers seem to model the one or two highly regarded teachers they have had in their own programs.

The need for faculty in nursing education programs to expand their knowledge base of clinical teaching has been identified by McCabe (1985), Field (1983), and Meleca, Schimpfhauser, Witteman and Sachs (1981) and a participant (Interview 30:9-12) in the study. The importance of research in the clinical area of nursing education was supported by Infante (1985:20) and Field (1983:3), who described the clinical area as the "real world" and "the heart" of any program of study in the nursing profession. Based upon the literature review and supported by the nursing professionals in the study, the need to study the clinical area of nursing education was identified as a necessary area of study. The researcher considered the opportunities and necessity for the development of knowledge on clinical teaching in nursing to be encouraging and challenging.

Signifance of the Study

Teaching, according to Gage (1978:14), refers to any activity on the part of one person intended to facilitate learning on the part of another. The development of an understanding, explanation, and generation of theory related to clinical teaching in a diploma nursing program was anticipated to provide insights into the roles and responsibilities of the nursing educator. The nursing instructor is responsible for facilitating learning on the part of nursing students, the future members of the nursing profession.

According to Field (1983:3), if one accepts the assumption that the core of any profession lies in its practice, then to understand that profession, it is necessary to study practice within the contextual setting. It was anticipated that this study would provide useful information to the participants and to the field of nursing education. The understandings, explanations, and theories developed in the study may have a potential to be utilized in orientation, staff development, and evaluation programs related to nursing instructors involved in clinical teaching.

Organization of the Document

This document consists of nine chapters. In Chapter I, an overview of the study including the purpose, need, and significance of the study are presented. A literature review of clinical teaching research and nursing instructor evaluation programs is presented in Chapter II. In Chapter III the research approach and methods of data collection and analysis are described. The setting of the study and the participants are described in Chapter IV. In Chapters V to VIII details of the observations and interviews which led to the identification of the four major themes of: 1) nursing instructor interactions, 2) nursing instructor teaching techniques, 3) nursing instructor classroom teaching and clinical teaching descriptions, and 4) nursing instructor reactions to the study are described. In the last chapter, conclusions and the researcher's reflections of the study and the research process are described.

CHAPTER II

LITERATURE REVIEW

Introduction

The literature review was conducted on an ongoing basis throughout the study. The researcher commenced the literature reivew in December, 1985 and continued to review the literature during the preparation of this dissertation. In this chapter, the literature related to clinical teaching research and nursing instructor evaluation programs is presented. A summary of the clinical teaching research is provided in Table 2.1. The nursing instructor evaluation programs are summarized in Table 2.2.

Clinical Teaching Research

In the following literature review, descriptions and definitions of the clinical component of the nursing education program, clinical teaching, the clinical instructor and a summary of clinical teaching research are provided.

Clinical Component in Nursing Education

During the clinical component of the nursing program, nursing students provide nursing care to patients and are considered to be members of the health care team. Nursing students are learners in the clinical areas and are supervised by nursing practice personnel and nursing instructors. The clinical component of a nursing program has been described by Infante (1975:4) as the clinical laboratory and defined to be an institution, home or community agency where a nursing student comes into contact with patients for the purpose of acquiring intellectual and psychomotor skills. Park (1982:7) identified the clinical setting as any environment where a nurse interacts with a patient.

Infante (1975:1) indicated that the clinical laboratory has had an important place in the history of nursing education and its purpose has been much debated and questioned. According to Infante (1975:1), the importance of the clinical laboratory as part of the total curriculum for the preparation of the professional nurse remains undisputed. Infante (1975:11) and Wiedenbach (1969:1) argued that the clinical laboratory is of tremendous importance in helping students integrate learning and make the transition from a student to a professional person. During the clinical component of the nursing program, the nursing students are required to provide safe, effective, competent nursing to patients. According to Infante (1975:1), nursing students are assigned to the clinical areas for the purpose of learning to give quality nursing, which is the foundation of the nursing profession.

Clinical Teaching

According to Infante (1975:12), professional education provides clinical environments in order that students may master the process of application by placing the student in actual situations that require the service of the professional. In this environment the student is guided by competent faculty members and is allowed to provide patient care. As well as applying theory to practice, the student is encouraged to recognize deficiencies and gain insights into practice. Infante (1975:17) also indicated that nursing educators have had difficulty identifying the components of clinical teaching.

McCabe (1985:255) described clinical instruction as the process of providing students with the opportunity to put theory into practice. Clinical teaching is defined by Stritter, Hain, and Grimes (1975:976) as that which occurs in an individual or small group setting, generally at the patient bedside, but may also include ward rounds and small seminars. The unique characteristics of clinical teaching are described by Brown (1981:4), who indicated that in the clinical area the teacher is in a different position from teachers in other fields, for the learning situation is often one which can not be replicated exactly. The clinical learning environment, according to Brown, is also not usually reserved for the teaching of nursing students only.

In Alberta, The Hospital Act Operation of Approved Hospitals Regulation Section 10(1), requires that patients be admitted to a hospital by a physician. Following admission to the hospital, the patient is cared for by nurses and other members of the health care team under the direction of the physician. The primary purpose of the health care agency is the provision of patient care to the community it serves. The operation of a nursing education program, in the health care agency and affiliations with other educational institutions in providing clinical resources for nursing students, is for the purpose of participating in the professional education of nurses. This goal of providing educational opportunities for nursing students is secondary to the primary goal of providing patient care.

Clinical Instructor

A variety of terms, such as, clinical instructor, nursing instructor, faculty, and nurse educator are used to describe the clinical teacher in nursing. A clinical nursing instructor is defined by Craig (1981:19) as a nursing instructor who teaches, observes and evaluates the nursing student in a clinical area where the student is given a specific patient assignment to provide direct patient care. The nurse educator, according to Meleca, Schimpfhauser, Witteman and Sachs (1981:33), is the primary link between the student nurse, who is acquring skills, and the environment in which that learning takes place.

Infante (1975:30) described the clinical instructor as having the responsibility to provide structure for clinical laboratory activities, while guiding each student in the selection and attainment of their goals. McCabe (1985:256) described the task of the clinical instructor, as follows: it includes the teaching of the essentials of nursing practice, as well as recognizing and supporting the student who is confronted with new and bewildering human experiences in the clinical setting.

Summary of Clinical Teaching Research

According to McCabe (1985:255), clinical learning experience is hailed as "the heart" of professional education, however, there is a paucity of research to substantiate these claims. A summary of clinical teaching research is provided in Table 2.1. This summary includes research which has been conducted in nursing, medicine, and dentistry.

In the fifteen studies cited in the summary, eight studies were conducted using the questionnaire as the method of investigation. Other methods included the critical incident technique, video tape analysis, pretest-post test control group, survey, and nonparticipant observation. The participants in the research included students and faculty. Eight studies had students as participants, four studies had faculty as participants, and in three studies both students and faculty participated. A number of the clinical research studies in nursing are described in the following sections.

Brown (1981) focused on the clinical teacher in nursing and the characteristics believed to make an effective clinical teacher. The sample in this study consisted of 82 senior nursing students and 42 faculty members in a university nursing program. The Clinical Teacher Characteristics Instrument tool was designed for the nursing students and faculty members to rate the characteristics that an effective clinical teacher should have. The findings indicated that the nursing students regarded the instructor's relationship with students as more important than professional competency. The faculty group, on the other hand, indicated that professional competency was more important than the student-teacher relationship, which was the reverse of the nursing students' findings. Brown concluded that these findings have strong implications for nursing

TABLE 2.1

SUMMARY OF CLINICAL TEACHING RESEARCH

AUTHOR	METHOD	PARTICIPANTS	RESULTS
Bazuin and Yonke, 1977 (medicine)	Videotape Analysis	Faculty	An instructional development program was established in which medical faculty teaching was videotaped and analyzed by a consultant. Following the program completion, faculty were to be videotaped to determine whether improvements in clinical teaching occurred.
Brown, 1981	Rating of Instrument	Students and Faculty	Clinical Teacher Characteristics Instrument ratings by faculty and students indicated that a gap exists between what educators and students perceive as characteristics of an effective clinical teacher.
Craig, 1981	Pretest-Post test Control Group	Instructors	Question classification utilizing Bloom's taxonomy was established. The self-instructional module was effective in increasing the percentage of high level questions by nursing instructors during post-clinical conferences.

TABLE 2.1 continued

AUTHOR	METHOD	PARTICIPANTS	RESULTS
Fry, 1975	Survey	Students	Graduate students in a teaching seminar listed frustrations they experienced in their role of nurse-educator. Frustrations causing "role strain" occurred in the following problem situations: 1) faculty versus inter-agency; 2) faculty versus student; 3) faculty versus faculty; 4) faculty versus bureaucracy; 5) faculty versus intra-university.
Jacobson, 1966	Modified Critical Incident Technique in Group Interviews	Students	Four principal null hypotheses were tested. The critical incidents were placed into six major categories: 1) availability to students 2) apparent general knowledge and professional competence 3) interpersonal relations with students and others 4) teaching practices in classroom and clinical areas 5) personal characteristics 6) evaluation practices.
Kiker, 1973	Questionnaire	Students (undergraduate education and nursing; graduate nursing students)	Three categories, professional competence, relationships with students, and personal attributes were ranked by students. Undergraduate students in nursing and education place professional competence of a teacher higher than the teacher's personal attributes, graduate students rank creativity first.

TABLE 2.1 continued

AUTHOR	METHOD	PARTICIPANTS	RESULTS
Mayberry, 1973 (dentistry)	Questionnaire	Student	The Student Evaluation of Clinical Instruction Form, a closed response questionnaire was utilized to study the dimensions of clinical instruction as seen by students. Four basic factors explained the variability of students' rating of faculty members: dental communication skills, interpersonal relations skills, availability, and instructor-student relations.
Meleca, Schimpfhauser, Witteman and Sachs, 1981	Direct Observation by trained raters Clinical Incident Technique	Faculty	Investigation of clinical teaching skills in nursing, medicine,and dentistry. Provided a framework for identifying and selecting instructional objectives, activities, and strategies designed to enhance clinical instruction.
Meredith, 1978	Questionnaire	Students	Two dimensions of the teaching-learning experience in clinical education were measured: clinical impact and accountability.
O'Shea and Parons, 1979	Questionnaire (2 question format: helped-hindered)	Students and Instructors	Responses sorted into three broad categories: evaluative behaviors, instructive/assistive behaviors, and personal characteristics. Faculty-student disagreement in study related to role modeling as a facilitative behavior fives times as often as students.

TABLE 2.1 continued

AUTHOR	METHOD	PARTICIPANTS	RESULTS
Park, 1982	Nonparticipant observation (tape recording)	Nursing Instructors (4 diploma nursing program)	Interactions of patient-student-instructor were coded and computer analyzed. Types of behavior were categorized according to: questions, statements and actions. Clinical instruction behavior observation tool developed.
Rauen, 1974	Questionnaire rating scale	Students (freshman and senior)	Developed rank order scale referred to as the Clinical Instructor Characteristics Rating Scale. It was found that nursing students expect their clinical instructor to be a role model; this expectation enhances the students' learning of the nurse role.
Stritter, Hain, and Grimes, 1975 (medicine)	Questionnaire	Students	Identified behavior characteristics of clinical teachers which makes a difference in facilitating student learning. Six dimensions of clinical teaching behavior included: 1) active student participation, 2) preceptor attitude toward teaching, 3) emphasis on applied problem-solving, 4) student-centered instructional strategy, 5) humanistic orientation, 6) emphasis on references and research.
Stuebbe, 1980	Questionnaire, comparison of ratings	Students and Instructors	Utilized Rauen's Clinical Instructor Characteristics Rating Scale. Found that students valued the learning of observed nursing skills and theory most, while instructors valued teacher-student relations more.

TABLE 2.1 continued

AUTHOR	METHOD	PARTICIPANTS	RESULTS
Wong, 1978	Exploratory and descriptive Critical Incident Technique	Students	Identified students' perceptions of teacher behaviors, which hindered or facilitated students' learning in the clinical area. Found first year students are sensitive to how the teacher makes them feel, whereas second year students are more concerned with the teacher's competency in teaching.

educators to seek to develop a greater interest in the students and their problems. Brown (1981:12) suggested that nursing administrators encourage professional development programs for faculty on interpersonal relationships and teacher-student relationships.

Park (1982) utilized non-participant observation as her research method. She shadowed four diploma nursing program clinical instructors during an eight hour observation period of each instructor. The interactions of the patient-student-instructor were tape recorded. The non-verbal behaviors were manually recorded. Both verbal and non-verbal behaviors constituted the data which were coded and analyzed by computer. The direction of the nursing instructor's behavior was identified as towards the student, the patient, and occasionally towards "others". The types of nursing instructor behaviors were identified as questions, statements and actions. Park concluded the following: that clinical nursing instructors used similar types of behavior; most observed behaviors of the instructor were directed to the student; most questions asked were of a closed variety; most statements to the students were positive; non-verbal behaviors did not have a pattern of use; and, nursing instructor behaviors toward the patient were mainly closed questions, fact giving or positive acknowledgement.

Stuebbe (1980), a senior nursing student, examined how nursing students viewed the role of nursing instructor as compared to how nursing instructors viewed their roles. The Clinical Instructor Characteristic Ranking Scale was utilized as the tool for data collection. The findings indicated that nursing instructors ranked teacher characteristics the highest, whereas nursing students ranked nurse characteristics the highest. Freshmen nursing students ranked nurse characteristics the highest, while senior students ranked person characteristics the highest. The results of the study indicated that students value the learning of nursing skills and theory most, while nurse instructors valued teacher-student relations more.

Wong (1978) studied students' perceptions of teacher behaivors, which either facilitated or hindered students in the clinical field, and identified differences in the perceptions of first year and second year nursing students. Eight first year and six second year students participated in the study. Data was collected utilizing the modified critical incident technique. The participants described nursing instructor activities in the clinical area which enhanced or hindered student learning. Wong found that first year students were sensitive to how the teacher makes them feel, whereas second year students were more concerned about the teacher's competency in teaching. Nine teacher behaviors were reported by the students as helpful to students' learning and seven teacher behaviors were reported by the students as hindering students' learning in the clinical area of the nursing program.

McCabe (1985) provided a summary of the current research activities related to the topic of improvement of instruction in the clinical area of nursing and said that a limited amount of research focusing on clinical instruction in nursing is currently available.

McCabe (1985:257) indicated that there appears to be a growing interest among nursing educators in examining the function and effectiveness of the clinical instructor in nursing education.

Nursing Instructor Evaluation Programs

Faculty evaluation in nursing education, according to Van Ort (1983:324), are becoming more important as a result of economic realities and accountability efforts currently affecting higher education. Turner (1978:461) defined evaluation as a systematic process of judging the worth, desirability and effectiveness, or adequacy, of something according to definite criteria and purpose. The judgement resulting from the evaluation process is based upon the comparison of observed data with criteria as guidelines. Faculty evaluation, according to Seldin (1980), has four primary goals: to improve performance, to provide data for personnel decisions, to provide guidance to students in selecting faculty, and to provide data to outsiders. Efforts to document teaching in nursing, according to Van Ort (1983:324), are essential to demonstrate nursing education's accountability to the profession and the public it serves.

Van Ort (1983:325) indicated that the most common components of teaching effectiveness evaluation are student evaluation, peer evaluation, self-evaluation, and administrative evaluation; these evaluations commonly utilize rating scales as the typical instrument for measuring effectiveness. A summary of a number of nursing instructor evaluation programs identified in the literature is provided in Table 2.2.

The eleven nursing instructor evaluation programs identified in Table 2.2 were categorized according to type and area. Four types of evaluation components were identified: peer evaluation, self-evaluation, student evaluation, and administrative evaluation. In some cases, more than one type are included in the evaluation program described. The most frequently described evaluation procedure is peer evaluation (39%), then self-evaluation (22%), followed by student evaluation (5%), and the least frequently described evaluation procedure is administrative evaluation (2%).

The area of focus of the nursing instructor evaluation programs was categorized according to classroom, clinical, and "other". In the evaluation programs identified in Table 2.2, the clinical area was identified as the major area of focus in 44% of the nursing instructor evaluation programs. The classroom followed the clinical area at 39%, and the "other" category included 3%. Some nursing instructor evaluation programs included more than one area, that is, combinations of classroom, clinical, and research activities.

Clinical evaluation programs occurred most frequently (44%) as the area of program evaluation. This finding contradicts Schare's (1984:40) conclusions that the nursing literature is more devoted to the evaluation of classroom instruction. The classroom area is the most common area of evaluation, according to Schare (1984:40), because the clinical teaching environment is unique and difficult to

TABLE 2.2

NURSING INSTRUCTOR EVALUATION PROGRAMS

AUTHOR	TYPE	AREA	COMMENTS
Allbritten et al., 1983	Peer	Classroom Clinical	A teacher peer review tool was developed. Items were stated in behavioral terms, which were measurable and observable, and grouped into the following categories: 1. content presentation, 2. strategies and methods, 3. clarity of presentation, and 4. evaulation. Following a trial period of implementation the following suggestions were made: 1. develop separate tools for classroom, and clinical reviews, 2. provide space for reviewee to identify areas for improvement, 3. include peer evaluation in overall system of faculty evaluation.

TABLE 2.2 continued

AUTHOR	TYPE	AREA	COMMENTS
Aroian et al., 1982	Self Peer Student Administrative	Classroom Clinical Course - team contribution Course evaluation Clinical agency Research activities Professional and community service Committee work	Through the utilization of the Faculty Development Committee a uniform process which includes a systematic plan for evaluation of nursing faculty and on individualized program for personal and professional development was established. Instruments developed included the following characteristics: confidentiality, validity, comparability, and flexibility.
Brannigan, 1983	Peer	Team membership Classroom Clinical	A tool was designed to evaluate faculty who teach integrated curriculum. Ratings of the following categories: team membership, classroom teaching, and clinical teaching were included in the tool. The procedure for using the tool was designed to reduce faculty fears and anxiety concerning the evaluation process and to provide an all encompassing and equitable peer review.
Butler, 1970	Student	Classroom Clinical	A tool for rating teacher effectiveness is described. The tool includes three categories of nursing instructor behaviors: cognitive, interpersonal, and professional competence.

TABLE 2.2 continued

AUTHOR	TYPE	AREA	COMMENTS
Curry, 1981	Self initiated source of data nursing staff	Clinical	An evaluation tool was developed to collect data from nursing staff, in agencies or institutions, for the purpose of providing the nursing instructor with feedback information from nursing staff. The evaluation tool included the following categories: professionalism, communications, problem solving, and instruction.
Dennis et al., 1983	Peer	Classroom	Peer evaluation of classroom teaching was established for the purpose of providing a means of quality assurance through which faculty member growth as an educator could be stimulated. The tool developed by the faculty included the following three categories: presentation, style and strategies; student-teacher climate; and knowledge. The tool was found to be effective as a means of professional development and a valuable method of developing classroom teaching skills.

TABLE 2.2 continued

AUTHOR	TYPE	AREA	COMMENTS
Lacefield, 1983	Student	General (not specified)	The impact of a faculty development training program on subsequent faculty evaluations by students is described. The Teaching Improvement Project System workshops showed that a greater impact on teaching skills, as measured by students, could be achieved when evaluation instruments are utilized in a descriptive/prescriptive manner and are linked to faculty development activities designed around practical, day-to-day teaching skills.
Norman et al., 1978	Student Peer Administration	Classroom Clinical	The article focuses on the evaluation of teaching performance. The purposes of nursing evaluation are described. The Student Appraisal of Teacher Effectiveness form which was developed for utilization in the clinical and classroom instruction or both areas of instruction is illustrated. The identification of performance objectives and formulation of a realistic plan for achievement precedes evaluation.
Share, 1984	Peer Student	Classroom	The evaluation process described in the article includes four major phases: pre-operational, immediate, intermediate and product stages. The system is utilized for faculty assessment of classroom teaching.

TABLE 2.2 continued

AUTHOR	TYPE	AREA	COMMENTS
Turner, 1978	Self Peer	Clinical	A project developed at the University of Toronto is described. In this project guidelines were developed which involved all faculty in the evaluation of teaching and learning. Guidelines for evaluating teaching-learning were developed during a workshop and then compiled into a questionnaire format.
Wong et al., 1980	Study	Clinical	A model for self-evaluation of clinical teaching is described. The model includes three steps: pre-active, interactive, and post-active. 1) Pre-active step includes preparation and sharing of clinical objectives to students. 2) Interactive step is the actual clinical teaching activity, which focuses on preparation and presentation of clinical assignments. 3) In the post-active step the teacher identifies the extent to which desired results are achieved. A checklist of the above steps and criteria are also presented and described.

measure since there is some element of risk involved and therefore some concomitant learner and teacher anxiety.

In the eleven nursing instructor evaluation programs outlined in Table 2.2, only one program, which was described by Aroian (1982), included all four types of evaluation procedures and encompassed all areas of the nursing instructor's role and responsibilities.

Summary of Nursing Instructor Evaluation Programs

Nursing instructor evaluation programs identified in the literature are varied and diverse. The evaluation programs described possess the common elements of personal and professional development of nursing instructors in nursing education programs. In all the evaluation systems, the establishment of criteria and documentation of the nursing instructor's effectiveness as a teacher in the teaching-learning process are addressed.

Van Ort (1983:328) concluded that the aims of a documentation system should be futuristic. For the system should provide a mechanism for documenting and rewarding effective teaching, improving instruction, and facilitating data-based personnel decisions which recognize the importance of effective teaching in the educational process.

Meleca, Schimpfhauser, Witteman, and Sachs (1981:32) indicated that despite the fact that clinical instruction has long been recognized as a significant and essential component of professional education, few attempts have been made to examine instructional skills felt to be critical to clinical teaching. They concluded that educational research has emphasized descriptive studies of clinical teaching for purposes of developing teacher evaluation systems. These systems provide feedback on what was done well and not so well and little has been reported in the literature regarding how one can improve and perform better.

CHAPTER III

RESEARCH METHODS AND PROCEDURES

Introduction

The purpose of this study was to describe clinical teaching in a diploma nursing program from the nursing instructor's position of clinical teacher. In this chapter, the research methods and the procedures utilized in the study are described.

Research Method

The study was conducted utilizing the qualitative research approach. Bogdan and Biklen (1982:2) described qualitative research as referring to the data collected that is rich in description of people, places, and conversations, and not easily handled by statistical procedures. These data are collected through sustained contact with people in settings where they normally spend their time. The qualitative approach, according to Bogdan and Biklen (1982:2), is an umbrella term which refers to several research strategies that share certain characteristics. The characteristics are that the natural setting is the direct source of data, the researcher is the key instrument, the researcher is concerned with context, the research is descriptive, the researcher is concerned with process rather than outcomes or products, the researcher analyzes data inductively, and "meaning" is of essential concern. This research approach is described as inductive, for hypotheses and theories are drawn from the data during data collection and data analysis.

Glaser and Strauss (1967:2) defined theory derived from data systematically obtained from social research as grounded theory. They said that when one conceptualizes from data which has been accurately recorded, then constructs and categories arise which fit the data. Theory grounded in data provides an explanation of events as they occur; this theory is considered to be valid for it is linked to data. Grounded theory was described as assuming the existence of a process, and involves both an inductive and deductive approach to theory construction, for constructs and concepts are grounded in data and the hypotheses are tested as they arise from the research. The following nine stages were identified by Glaser and Strauss (1967) in the generation of grounded theory.

Stage 1. Develop Categories. In this stage, written materials obtained in the study are analyzed in a systematic and rigorous manner. The material is dealt with paragraph by paragraph and concepts and categories are identified.

Stage 2. Saturate Categories. This stage refers to the process of accumulating additional examples of categories until the researcher is confident that no new understandings can be gained by coding further incidents of the same category. For further coding, according to Glaser and Strauss (1967:111), would only add bulk to the coded data and nothing to the theory.

Stage 3. Abstract Definitions. Following the achievement of theoretical saturation, which is based upon the judgement of the researcher, the researcher produces a general definition for the category. According to Glaser and Strauss (1967:110), there is a need to elaborate a "smaller set of higher level concepts" which allow for the integration of the categories. In this stage, categories which are instances of the same phenomena are clumped together and become the property of the larger category.

Stage 4. Use the Definitions. The definitions are used as a guide to recognize further instances of the phenomenon.

Stage 5. Exploit Categories Fully. The researcher, in this stage, must be aware of additional categories which may derive from those that have been produced, of specific and general instances of the phenomena.

Stage 6. Note, Develop and Follow-up Links Between Categories. In this stage, links between categories begin to emerge and a tentative hypothesis may be developed by the researcher.

Stage 7. Consider the Conditions Under Which the Links Hold. At this stage, the conditions in which the hypothesized relationships occur are examined.

Stage 8. Connects, Where Relevant, are Made to Existing Theory. At this point, the researcher attempts to link propositions and hypotheses from the anaylsis of the data to existing theory.

Stage 9. Use Extreme Comparisons to the Maximum to Test Emerging Relationships. This stage was referred to as the constant comparative method which is described in the following manner by Glaser and Strauss.

> When beginning his generation of a substantive theory, the sociologist establishes the basic categories and their properties by minimizing differences in comparative groups. Once this basic work is accomplished, he should turn to maximizing differences among comparison groups, in accordance with the kind of theory he wishes to develop (substantive or formal) and with the requirements of his emergent theory (Glaser and Strauss 1967:56-57).

During this stage, the central propositions are checked and confirmed or denied in other settings, and are utilized in the development of formal theory.

The grounded theory approach was identified as a method which would enable the researcher to study the data in an objective, systematic manner and achieve the goal of discovering patterns which emerged from the data. Turner (1981:227) supported the use of the grounded theory approach and said that this approach is of maximum use in dealing with qualitative data which is gathered from participant observation, from observation of face-to-face interaction, from semi-structured or unstructured interviews, from case-study material or from documentary sources.

The generation of theory in nursing is supported by Field and Morse (1985:6) in the following statement: "Given the state of nursing theory, it would be legitimate to argue that generation of theory is more critical than theory testing to the development of nursing knowledge at this time." Swanson and Chenitz (1982:242) concluded that qualitative research, by its very nature, is applicable to nurses in practice settings, as indicated in the following statement:

> ... qualitative research provides a way to construct meaning that is more reflective of the world of practice because its methodology, like its subject, is more organic than mechanistic and, therefore, more suitable to the study of the domain of professional nursing (Swanson and Chenitz 1982:245).

The research design selected for this study is a case study. According to Bogdan and Biklen (1982:58), a case study is a detailed examination of one setting, or one single subject, or one single depository of documents, or one particular event.

The open approach described by Glaser and Strauss in the development of grounded theory was utilized in the study. Glaser and Strauss (1967:34) described the advantage of their open approach over prestructured study in the following statements.

> Our approach, allowing substantive concepts and hypotheses to emerge first, on their own, enables the analyst to ascertain which, if any, existing formal theory may help him generate his substantive theories. He can then be more faithful to his data, rather than forcing it to fit a theory. He can be more objective and less theoretically biased.

MacGregor and Hawk (1982:39) described Glaser's and Strauss's generation of grounded theory as a continuing cycle in which theory is constituted from data and is propositional. The propositions may be central and held throughout the study, or the propositions may be discovered after data collection.

Battersby (1982:92) indicated that implicit in the grounded theory approach to educational research is a commitment to construct a picture of a social process or processes which is linked to and verified by data. Battersby described grounded theory as providing a means for a researcher to collect data which is then organized into various concepts and provides the basis for further data collection. The framework of the study results from the comparative analysis of data which leads to a refined and delimited number of concepts. Grounded theory, according to Battersby, represents a strategy for continually redesigning research as concepts emerge. This flexibility in grounded theory aids in the generation of a conceptual framework, and ensures that the framework is linked to data.

The naturalistic research plan, according to Owens (1982:11), refers to an interactive process between data collection and analysis which occurs simultaneously in that data analysis provides direction for data collection. This naturalistic research strategy emphasizes data gathering in the early stages of a project. The checking, verifying, testing, probing, and confirming activities follow, according to Owens, in a funnel-like design. This results in less data gathering in later phases of the study and an increase in analysis, checking, verifying, and confirming during the later stages. Owens (1982:3) described the naturalistic paradigm as including a number of research techniques, but being "essentially based upon inductive thinking and associated with phenomenological views of knowing and understanding social and organizational phenomena."

Reliability and Validity

The issues of reliability and validity in the qualitative research paradigm are addressed by LeCompte and Goetz (1982:31), who indicated that the value of scientific research is partially dependent on the ability of the researcher to demonstrate the credibility of the findings.

Reliability

Reliability refers to concern with the replicability of scientific findings. External reliability, according to LeCompte and Goetz (1982:32), addresses the issue of whether independent researchers would discover the same phenomena or generate the same constructs in the same or similar settings. Due to factors such as uniqueness or complexity of phenomena and the individualistic and personalistic nature of qualitative research, LeCompte and Goetz (1982:37) concluded that the researcher may approach rather than attain external reliability. They said that researchers may enhance external reliability of data by recognizing the following problems: researcher status position, informant choices, social situations and conditions, analytic constructs and premises, and methods of data collection and analysis. Internal reliability, according to LeCompte and Goetz (1982:32), refers to the degree to which other researchers, given a set of previously generated constructs, would match them with the data in the same way the original researcher did. The following five strategies are provided by LeCompte and Goetz (1982:41) as means of reducing threats to internal reliability: low-inference descriptors, multiple researchers, participant researchers, peer examination, and mechanically recorded data. LeCompte and Goetz (1982:43) indicated that problems of reliability threaten the credibility of qualitative research; however, validity may be considered as a qualitative study's major strength.

Validity

Validity refers to the concern with the accuracy of findings, or credibility of conclusions. LeCompte and Goetz (1982:32) described internal validity as referring to the extent to which scientific observations and measurements are authentic representations of reality, and external validity as referring to the degree to which representations may be compared legitimately across groups. According to LeCompte and Goetz (1982:43), qualitative research claims high internal validity due to the data collection and analysis utilized by the researcher which include: participant observation, data collection conducted in the natural setting which reflects the reality of the life experiences of participants.

The Role of the Researcher

The researcher was aware that one of the major problems which needed to be addressed was that the observer's presence in the clinical area could result in a change in the behavior of the participants. Therefore, when the research was discussed with the faculty group, the researcher stated that the clinical observations did not have predetermined criteria and the researcher was interested in observing the clinical component of the nursing program as it naturally exists. Following the meeting, the researcher asked a nursing instructor about the faculty's reaction to the research. The following response was provided:

> Nursing Instructor: I was looking for a reaction, but was not able to read the group. I think this is really good, come with me in the (clinical area) (Group Interview 1:2).

The researcher was sensitive of the role which she assumed in the research process and recognized that she was the primary instrument of data collection and analysis in the study (Glaser and Strauss: 1967, Bogdan and Biklen: 1982). Initially, the researcher was concerned that her presence would either inhibit the nursing instructors or would cause them to respond in a manner which they anticipated the researcher might expect.

During the observations of nursing instructors in the clinical nursing units, the researcher assumed the role of observer and attempted not to participate in the clinical nursing activities. A number of the nursing instructor reactions to the researcher's presence in the clinical area are provided in the following interview excerpts. During the first month of the study, the researcher encountered one of the nursing instructors who had been observed and asked her about the experience.

> I: How did you find it having me in the clinical area?
>
> Nursing Instructor: I didn't seem to notice you were there, in fact one time as we were going down the hall I heard your shoes and you sounded like you were far behind, and I thought I should slow down for I had forgotten you were with us (Interview 5:1).

During one of the early observations, the nursing instructor indicated to a nursing student that the researcher spoke German. The nursing student, who was providing nursing care to a man of German origin, asked the researcher to speak to the man in German. In this situation, the researcher assumed the role of interpreter for the nursing student and patient. In another situation, a nursing instructor, who had been observed, and the researcher were walking outside on the sidewalk and the following conversation occurred:

> I: How did you feel about me being in the area?
>
> Nursing Instructor: I didn't see you, so I actually forgot about you, you were always behind me, so I didn't notice you.
>
> I: I did that intentionally, in order not to interfere (Interview 12:1).

As a result of the feedback the researcher received from the nursing instructors, the researcher was confident that her presence in the clinical area did not inhibit the nursing instructors or cause them to behave in an unusual manner. In the above situations, the nursing instructors were considered to be comfortable and unaffected by the researcher's presence. The researcher had intentionally positioned herself behind the nursing instructor in order that the nursing instructor would not be distracted by the researcher's presence. This positioning was considered to be effective for the nursing instructors stated that they had "forgotten" or "had not seen" the researcher. As a result, the researcher attempted to utilize this position, behind the nursing instructor, throughout the study.

During the majority of observations, the researcher wore usual street clothes, whereas the nursing instructors were dressed in uniform. In some of the specialized nursing units, such as, the operating room, labor and delivery, and the intensive care unit, where specific uniforms are worn by the personnel, the researcher also dressed in normal attire for that area.

Selection of the Participants

The participants in the study included two groups of individuals, the faculty group employed in the diploma nursing program between January and November of 1986, and the group involved in the brainstorming session. The selection of the participants in each of the groups will be described in the following sections.

Faculty Group Participants

Following the introduction of the research to the faculty group at a Faculty meeting on January 16, 1986, the researcher prepared the Informed Consent Form (Appendix A), which was distributed and discussed with the faculty at the March 6, 1986 Faculty meeting. Faculty members who were not present at the meeting were contacted during the following week; one faculty member who was on a leave-of-absence during the above time was contacted about the study following her return to the nursing program. Twenty-one faculty members were employed in the nursing program at the time of the March Faculty meeting. The twenty-one faculty and the one nursing instructor who was on a leave-of-absence represented the total faculty group of twenty-two. The selection of the participants for the study was made by the researcher when the informed consent forms were returned to the researcher.

Twenty-one informed consent forms were returned to the researcher. The selection of the participants was based upon the faculty members' responsibilities in the nursing program. Seventeen nursing instructors in the group of twenty-one, who returned the informed consent forms, were responsible for the instruction of nursing students in the classroom, skill laboratory, and clinical components of the diploma nursing program. The remaining four faculty members, who had completed the informed consent form, were not involved in the instruction of nursing students in all three areas of the nursing program or assumed administrative responsibilities and were not included in the participant group. One faculty member, who did not instruct nursing students in the three components of the nursing program, did not complete the Informed Consent Form.

Fifteen nursing instructors of the group of seventeen nursing instructors were selected to participate in the study. Two nursing instructors were not included due to their absence from the nursing program as a result of educational leave-of-absences. Descriptions of the fifteen nursing instructors, selected for participation in the study, are provided in Chapter IV, in which the setting where the research was conducted is described.

Brainstorming Session Participants

The participants in the brainstorming session were individuals who were known to the researcher from previous employment and enrollment in educational programs. All three participants had been employed in an acute care hospital where the researcher had also been employed as a nursing instructor. The participants, who will be referred to as Ann, Pat, and Sue, all had previous experience as diploma nursing instructors. All three participants were not associated with the faculty group participating in the study. The participants, Ann, Pat, and Sue, were all prepared at the master's degree level. Ann and Pat were also enrolled in doctoral degree studies and were responsible for the instruction of nursing students in a setting different from that of the study setting. Sue was employed in a senior nursing administrative position in an acute care hospital.

Each of the participants was approached by the researcher regarding their participation in the brainstorming session on clinical teaching in nursing. All three indicated an interest and a willingness to participate in the research. The Informed Consent Form (Appendix A) was completed by all three participants.

Gaining Entry

Gaining access to conduct the study in the diploma nursing program was achieved through the formal Faculty meetings and discussions with the Department of Nursing Practice and senior management of the study hospital.

The introduction of the proposed research at the January Faculty meeting and later distribution of the Informed Consent Form (Appendix A) to the faculty group were utilized as means of gaining access to conduct the research in the diploma nursing program. The twenty-one completed returned Informed Consent Forms was indicative of the faculty group's willingness to participate in the research.

The proposed research was discussed with the administrative members of the Department of Nursing Practice in January, 1986. No formal written request to conduct the research was required by the

Department of Nursing Practice. The senior management of the acute care hospital were also aware of the researcher's presence in the clinical nursing units.

Process of Data Collection

Characteristics of qualitative research, according to LeCompte and Goetz (1982:32), are participant observation and nonparticipant observation, focus on natural settings, use of participant constructs to structure research, and investigator avoidance of purposive manipulation of study variables. Wilson (1977:261) stated the qualitative research enterprise is dependent upon the researcher's ability to become a sensitive research instrument by becoming acquainted with the perspectives of the participants and transcending the researcher's own perspectives.

Data collection in the study was conducted by observing nursing instructors in the clinical area, unstructured interviews, and document reviews. Bogdan and Biklen (1982:2) described participant observation as the researcher entering the world of the people in the study, learning about the people, developing a trust relationship with the people, and systematically maintaining a detailed written record of what is heard and observed. The primary purposes of participant observation, according to Field (1985:76), are to observe a typical situation, which is minimally disturbed by the presence of an observer, and to obtain accurate detailed descriptions of the setting. Field (1983:9) also indicated that one of the difficulties in utilizing the participant-observer role is the effect of the third party on the observed interaction. According to Wilson (1977:261), one of the most important ideas behind participant observation is that there is no right method, the method should match the study.

The unstructured interview has been described by Bogdan and Biklen (1982:2) as an open-ended approach which allows subjects to answer from their own frame of reference, with the researcher being the instrument. Fieldnotes of the observations and interviews were maintained throughout the study and are described in a later section of this chapter.

The use of a variety of data sources in the study for the purpose of data collection has been described by Jick (1979:603) as triangulation which is described in the following quotation:

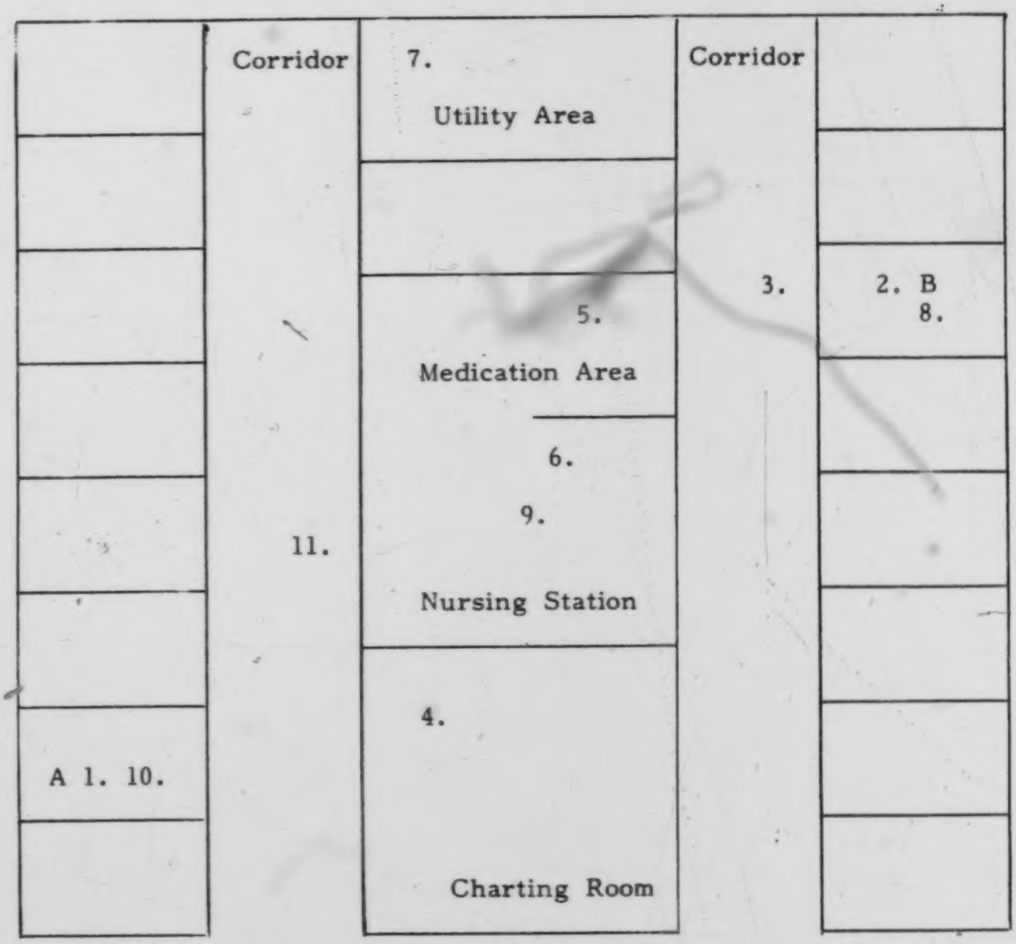
> Triangulation, however, can be something other than scaling, reliability, and convergent validation. It can also capture a more complete, holistic, and contextual portrayal of the unit(s) under study. That is, beyond the analysis of overlapping variance, the use of multiple measures may also uncover some unique variance which otherwise may have been neglected by simple methods. It is here that qualitative methods, in particular, can play an essentially prominent role by eliciting data and suggesting conclusions to which other methods would be blind. Elements of the context are illuminated. In this sense, triangulation may be used not only to examine the same phenomenon from multiple perspectives, but also to enrich our understanding by allowing for new or deeper dimensions to emerge.

Observation

Observation of the nursing instructor on the nursing unit was the primary source of data collection in this study. All observations were scheduled by the researcher. The nursing instructor was contacted by the researcher and asked to suggest a suitable time for the observation. All observations were scheduled for one hour; in some cases the observation time was less than an hour for the nursing instructor left the clinical area to do office work or for a break. In some cases, the observation time was less than one hour for the nursing instructor and nursing student were beginning a procedure, such as peri-care or a catheterization, and the researcher believed that the patient's need for privacy should be maintained; therefore, the researcher terminated the observation.

Following the observation of clinical teaching, the researcher left the clinical area and made an outline of the observation. In some cases, diagrams of the setting were made. The diagrams were a rough sketch of the nursing unit on which the researcher outlined the nursing instructor's movements about the unit. An example is presented in Figure 3.1. The nursing instructor's location on the nursing unit and activities in the various areas were drawn to reflect the sequence of events on the nursing unit. This method was found to be of assistance to the researcher in the preparation of the fieldnotes of the clinical observation. The rough outlines of the observations and the diagrams, which were prepared in some cases, were utilized in the writing of the fieldnotes of the observation. A copy of the descriptive portion of the fieldnotes of an observation is included in Appendix B.

Observations of clinical teaching were conducted in Phases I and II of the data collection. In Table 3.1, the phase one data collection scheduled activities are outlined. During this phase, the researcher observed six nursing instructors in the clinical area. Five of the observations were conducted in the morning and one observation was


Corridor
7.
Utility Area
Corridor
3.
2. B
8.
5.
Medication Area
6.
9.
11.
Nursing Station
4.
A 1. 10.
Charting Room

NOTE: A, B - refer to patients
1 - 11 - refer to nursing instructor

FIGURE 3.1

AN EXAMPLE OF A
NURSING INSTRUCTOR'S LOCATIONS ON THE NURSING UNIT

Source: Fieldnotes of Observation 9

TABLE 3.1

PHASE I: DATA COLLECTION SCHEDULED ACTIVITIES

DATE	TIME	ACTIVITY
January 16	1300	Faculty Meeting
21	1200	Discussion with Nursing Practice
22	0830-0930	Observation of Clinical Teaching
29	0930-1030	Observation of Clinical Teaching
February 5	0850-0940	Observation of Clinical Teaching
7	1330-1340	Observation of Clinical Teaching
17	1000-1050	Observation of Clinical Teaching
27	1000-1050	Observation of Clinical Teaching
March 5	1600	Interview

conducted in the afternoon. The phase two data collection scheduled activities are provided in Table 3.2. In phase two of data collection, the researcher observed nine nursing instructors in the clinical area. All nine observations of clinical teaching were conducted in the morning between 0720 hours and 1110 hours.

Interviewing

One scheduled, unstructured interview was conducted with one nursing instructor during the first phase of data collection. The interview was tape recorded and began with the researcher providing the nursing instructor with a photocopy of the descriptive portion of the fieldnotes of the observation. The nursing instructor reviewed the notes, made corrections to the notes and then discussed the observations and clinical teaching with the researcher. This interview was conducted on March 5, 1986 at 1600 hours, six days after the clinical observation of February 27, 1986. In the evening following the interview, the researcher reviewed the tape recording of the interview and noticed that many silent pauses occurred when the nursing instructor was reading the fieldnotes and the nursing instructor encountered some difficulty recalling the events of the observation period. Therefore, the researcher decided to provide the nursing instructors with a copy of the fieldnotes prior to the interview and schedule future interviews closer to the clinical observation time. It was anticipated that the closer scheduling of the observation and interview, and the nursing instructor reviewing the fieldnotes prior to the interview, would enhance the interview.

TABLE 3.2

PHASE II: DATA COLLECTION SCHEDULED ACTIVITIES

DATE	TIME	ACTIVITY
March 6	1300	Faculty Meeting
12	0900-0955	Observation of Clinical Teaching
14	1430	Interview
20	0900-1000	Observation of Clinical Teaching
21	1400	Interview
24	1620	Brainstorming Session
April 1	1015-1110	Observation of Clinical Teaching
2	1100	Interview
9	0800-0830	Observation of Clinical Teaching
10	1500	Interview
22	0745-0845	Observation of Clinical Teaching
23	1345	Interview
October 16	0755-0840	Observation of Clinical Teaching
17	1115	Interview
November 6	0855-0930	Observation of Clinical Teaching
7	1330	Interview
13	0855-0935	Observation of Clinical Teaching
14	1330	Interview
18	0720-0810	Observation of Clinical Teaching
20	1520	Interview

During phase two of data collection, when the researcher provided the nursing instructor with a copy of the fieldnotes of the observation, the researcher asked the nursing instructor to select a suitable time for the interview. All nine scheduled interviews were conducted one to two days following the clinical observation. Details of the date and time of the interviews are included in Table 3.2. Eight interviews were conducted in the afternoon between 1300 hours and 1520 hours, and one interview was conducted at 1115 hours. In phase two, all nine interviews began with a review of the fieldnotes which were previously distributed to the nursing instructor by the researcher. The ten scheduled interviews, listed in Tables 3.1 and 3.2, were all tape recorded. In the evening following the interview, the researcher reviewed the tape recording of the interview and later transcribed the tape. An example of a tape recorded interview is provided in Appendix C.

Twenty unscheduled interviews were also conducted during data collection; these occurred when the study was discussed by the participants and researcher during encounters, such as, coffee and lunch breaks, telephone conversations, hallway and sidewalk conversations, and during meetings. In the dissertation, discussions of the study with more than one nursing instructor are referred to as group interviews and discussions of the study with one nursing instructor are referred to as an interview.

Probing and paraphrasing were the main interviewing techniques utilized by the researcher. The following examples are provided to illustrate the use of these techniques.

1. I: Did you feel that generally that is what happened in the clinical area? (referring to the review of the fieldnotes)

2. I: Do you usually work with them (students) that way?

3. I: So, in the clinical area, what you are saying is that you are applying the classroom theory in practice.

A group interview, which included three participants and the researcher, was conducted. This group interview, which was tape recorded, was a brainstorming session at which time the participants discussed clinical teaching in nursing. The transcript of this brainstorming session is included in Appendix D.

Fieldnotes

Bogdan and Biklen (1982:74) defined fieldnotes as a written account of what the researcher hears, sees, experiences, and thinks in the course of collecting and reflecting on data in a qualitative study. The fieldnotes included notes about observations, scheduled and unscheduled interviews, the transcripts of the brainstorming sessions, meetings, and the researcher's notes about the study. The fieldnotes consisted of descriptive and reflective portions. The descriptive part of the fieldnotes, the longest portion, represented the researcher's best effort to objectively record the details of what occurred in the clinical area of the nursing program. An example of the descriptive portion of the fieldnotes of a clinical observation is included in Appendix B.

The reflective portion of the fieldnotes included the researcher's reactions and thoughts about the study. The researcher's impressions, feelings, and emerging themes and constructs were recorded in the fieldnotes. The right hand side of each of the pages of the fieldnotes, which included the researcher's reactions, was also later utilized in data analysis, which is described in a later section. With the recording of the fieldnotes, the first steps of data analysis commenced.

Document Review

A number of documents, such as, faculty profile information, nursing program schedules, the nursing program curriculum, and records were utilized as data sources. The faculty profile information was used to describe the participants of the study; this information is provided in Chapter IV. The nursing program schedules were utilized to identify the time of the clinical rotations in the nursing program. The nursing program curriculum was used to describe the nursing program purpose, goals, and components, which are all described in Chapter IV.

Process of Data Analysis

Data analysis was concluded during and following data collection. The data analysis process is perhaps best described by LeCompte and Goetz (1982:33) in their description of a qualitative researcher as one who attempts to describe systematically the characteristics of variables and phenomena, generate and refine conceptual categories, and discover and validate associations among phenomena in comparable settings. Data analysis involved the clarification, refinement, and validation of constructs which are derived from the data. The data analysis was conducted according to approaches described by Glaser and Strauss (1967) and Bogdan and Biklen (1982). The data analysis progressed through two phases.

Phase One

During phase one of the data collection, the researcher reviewed the fieldnotes of the clinical teaching observations. Two themes, nursing instructor interactions and nursing instructor teaching techniques were evident in the data. The nursing instructor interactions included interactions with nursing students, patients, staff, and "others", such as, visitors or patients' family members. The nursing instructor interactions with nursing students were identified as teaching techniques and were described using the following terminology: questioning, telling, discussion, supervised practice, and active participation.

The two themes of nursing instructor interactions and nursing instructor teaching techniques were utilized throughout the remainder of the data collection. Following each scheduled interview, at which time the nursing instructor reviewed and corrected the descriptive portion of the fieldnotes of the observation, the researcher reviewed the fieldnotes of the observation and tabulated the nursing instructor interactions and teaching techniques displayed by the nursing instructor.

Phase Two

During phase two of data analysis, the researcher reviewed all the written notes and coded and numbered the material according to observations, interviews, and the group interview. The written notes were read carefully and notes regarding the themes or constructs were made in the right hand margin of the notes. A summary of all the themes or constructs was then compiled. This summary included the data source, notes and page numbers of the themes or constructs. The summary information was then compiled into the fourteen categories. These categories evolved from the summary of the themes identified in the notes of the study. The fourteen categories identified during this phase are listed in Appendix E. In reviewing the fourteen categories, the researcher noted that a number of the categories related to the two themes of nursing instructor interactions and nursing instructor teaching techniques. These two themes were identified during the first phase of data analysis. Four major themes emerged during the data analysis; namely, nursing instructor interactions; nursing instructor teaching techniques; nursing instructor classroom-clinical references; and nursing instructor reactions to the study. The four themes are described in Chapters V to VIII of the document.

Summary of Research Methods and Procedures

The study of clinical teaching in a diploma nursing program, from the perspective of the nursing instructor, was conducted using a qualitative research approach. The research approach included research strategies, according to Bogdan and Biklen (1982:2), which share the following characteristics: the natural setting is the direct source of data, the researcher is the key instrument, the researcher is concerned with context, the research is descriptive, the researcher is concerned with process rather than outcomes or products, the researcher analyzes data inductively, and "meaning" is of essential concern in this approach. This research approach is described as inductive, for hypotheses and theory are drawn from the data during data collection and data analysis.

The grounded theory approach described by Glaser and Strauss (1967), in which theory is derived from data systematically obtained from social research, was used by the researcher during data collection and data analysis. This grounded theory approach enabled the researcher to study the data in an objective, systematic manner and achieve the goal of discovering patterns which emerged from the data.

The issues of reliability and validity in qualitative research were identified by LeCompte and Goetz (1982:31), who said that the value of scientific research was partially dependent upon the researcher's ability to demonstrate the credibility of the findings. Reliability, which refers to the concern with the replicability of scientific findings, includes external reliability and internal reliability. LeCompte and Goetz (1982:37) concluded that in qualitative research the researcher may approach, rather than attain, external reliability due to factors such as uniqueness or complexity of phenomena and the individualistic and personalistic nature of this research approach. External reliability refers to the question of whether independent researchers would discover the same phenomena or generate the same constructs in the same or similar setting. Internal reliability refers to the degree to which other researchers, given a set of previously generated constructs, would match them with the data as the researcher did. Validity refers to the concern with the accuracy of findings, or credibility of conclusions. Validity is considered to be a major strength in qualitative research for data collection and data analysis sources include observation of participants, the research is conducted in the natural setting, and reflects the experiences of the participants.

The participants in this study included nursing instructors in the nursing program and a group of three people not associated with the nursing program, who participated in a brainstorming session. The researcher was the "key instrument" in the research processes of data collection and data analysis.

Data collection included observation of nursing instructors in the clinical areas of the nursing program, interviews, and document reviews. The observation of the nursing instructor on the nursing unit was the primary source of data collection. The researcher's observations of the nursing instructors were recorded as fieldnotes of the observation. The researcher conducted scheduled unstructured interviews with the nursing instructors and participants of the brainstorming session. Unscheduled interviews occurred during casual encounters with the nursing instructors. The document reviews included nursing program documents, such as, the nursing program curriculum, faculty profile information, and nursing program schedules.

The researcher engaged in data analyzing activities early in the research process. During the process data analysis, the researcher reviewed the fieldnotes of the clinical teaching observations and the transcripts of the tape recorded interviews with nursing instructors and the participants in the brainstorming session. During data analysis, constructs and themes which emerged from the data were clarified, refined and validated. Four major themes evolved during data analysis namely: nursing instructor interactions, nursing instructor teaching techniques, nursing instructor classroom teaching and clinical teaching descriptions, and nursing instructor reactions to the study. These themes are described in Chapters V to VIII of this document.

In the next chapter, Chapter IV, the setting and participants in the study are described.

CHAPTER IV

THE SETTING AND THE PARTICIPANTS

Introduction

In this chapter, descriptions of the setting and the participants in the study are provided. In the first section, the diploma nursing program is described. The nursing instructors who participated in the study are described in the second section of this chapter. The identity and location of the nursing program are not described in order that the anonymity of the participants may be maintained. All references related to the nursing program documents are modified in order that the identity of the nursing program is not disclosed.

Description of the Diploma Nursing Program

The description of the diploma nursing program includes the following: purpose and goals of the program, nursing program content hours, clinical nursing units, nursing student-to-nursing instructor ratios, and a profile of the nursing students enrolled in the program.

Nursing Program Purpose and Goals

The nursing program was established and operates for the purpose of preparing nurses with the competencies required to provide high standards of patient care in acute and long term care settings, and the preparation of nurses who are eligible for registration in the province of Alberta following satisfactory achievement on the Canadian Nurses' Association Testing Services examinations.

The goals of the nursing program are to develop a nurse who possesses the following qualities:

1. develops and maintains effective interpersonal relationships,

2. demonstrates responsibility for personal and professional development,

3. applies biological, social sciences, and humanities principles and concepts in nursing situations,

4. demonstrates critical thinking in the assessment, planning, implementation and evaluation of nursing care,

5. understands and interprets the nature of nursing to others,

6. utilizes skills of other health care workers to provide co-ordination and continuity of patient care,

7. demonstrates self-awareness, acceptance, self-direction, self-expression and accountability.

Nursing Program Content Hours

The nursing program content hours include the following components: classroom, skill laboratory, clinical, and community experiences. A nursing student enrolled in the program receives 3,095.75 hours of content, which consists of 1,032.75 classroom hours, 110 skill laboratory hours, 1,863.5 clinical hours, and 89.5 hours of community experience. The nursing program content hours according to program level are provided in Table 4.1.

TABLE 4.1

NURSING PROGRAM CONTENT HOURS ACCORDING TO PROGRAM LEVEL

CONTENT	LEVEL I	II	III	TOTAL
Classroom	528	315.75	189	1,032.75
Skill Laboratory	48.5	49.5	12	110
Clinical	318	724.5	821	1,863.5
Community	-	67.5	22	89.5
TOTAL	894.5	1,157.25	1,044	3,095.75

The nursing program level refers to the academic year of the program. This nursing program consists of three levels which must be successfully completed in order that the nursing student be eligible for graduation. The three levels require an enrollment in the nursing program for a minimum of three academic years which consist of twenty eight months of full time study. The clinical content hours are the highest and represent 60% of the nursing program content hours.

Clinical Nursing Units

During the clinical component of the nursing program, nursing students provide nursing care to hospitalized patients and ambulatory care patients. Nursing students encounter patients who require medical, surgical, obstetrical and psychiatric nursing care. While on the clinical nursing units, nursing students interact with other members of the health care team, such as, nurses, physicians, and other individuals who may provide direct or indirect patient care.

Nursing Student-Nursing Instructor Ratios

The number of nursing students assigned to a nursing instructor is dependent upon the program content. During classroom content presentation, nursing student-to-instructor ratios range from 18-20:1 to 70-90:1. The skill laboratory and clinical practice ratios are smaller and may range from 5-6:1 to 7-10:1. The ratio of nursing students-to-nursing instructor varies to reflect the learning needs of the nursing student. At the time of the study, the following nursing student-to-nursing instructor ratios existed in the clinical component of the nursing program: Level I 5-11:1; Level II 6-10:1; and Level III 7-10:1.

The Universities Co-ordinating Council (1982:8) Regulations Governing Nursing Education Programs in the Province of Alberta Leading to Nursing Registration specify that as a general guide for planning, an overall ratio is one faculty member to ten students. These regulations indicate that this ratio may vary according to the demands of the learning situation.

Nursing Students Enrolled in Program

A total of 240 nursing students were enrolled in the nursing program. The nursing student population consisted of three male nursing students and 237 female nursing students. The nursing students ages ranged from 17 years to 47 years. The average age per level at time of enrollment was 20.1 years for Level I, 18.3 years for Level II, and 19.7 years for Level III.

Individuals enrolled in the nursing program include recent high school graduates, people who have been members of the work force and have decided to pursue a nursing career, as well as women who have raised families. Nursing students are admitted to the program according to regular or mature student requirements. Regular student requirements apply to applicants under the age of 21 years; these students require a 65% average, with no grade less than 50%, in five grade twelve subjects. These subjects include English, Biology, Chemistry, and two other optional subjects. Mature student status applies to applicants over the age of 21 years; in this case a 65% average, with no grade less than 50%, is required in three specified grade twelve subjects. These subjects are English, one of Biology, Chemistry, or Physics, and another grade twelve subject other than Music, Art or Drama, a second science subject is recommended. The grade twelve class average for the Level I nursing students was 70.3%; for the Level II nursing students was 71.7%; and for the Level III nursing students was 71.2%. A profile of the nursing students at the time of enrollment, according to level, is provided in Table 4.2.

Description of the Nursing Instructors

The nursing instructor's age and years of employment are presented in Table 4.3. In the table, each instructor is identified by a letter of the alphabet. The nursing instructors who participated in the study ranged in age from 26 years to 55 years of age. Two groups of nursing instructors characterized this faculty group, one group consisting of six individuals had been employed for two or less years in their current position; the other group of nine individuals were employed for six or more years in the nursing program. The group with two or less years experience as nursing instructors in their current position ranged in age from 26 to 42 years, with an average age of 32 years. Nursing instructors with six or more years of employment in the program ranged in age from 33 to 55 years, with an average age of 40.4 years.

All nursing instructors in the study were employed in full time positions; two were in temporary positions, and the remaining thirteen were employed as permanent faculty. The nursing instructors participating in the study were responsible for the instruction of

TABLE 4.2

PROFILE OF NURSING CLASS AT TIME OF ENROLLMENT

LEVEL	AVERAGE AGE	GRADE XII AVERAGE
I	20.1	70.3%
II	18.3	71.7%
III	19.7	71.2%

TABLE 4.3

NURSING INSTRUCTOR PROFILES ACCORDING TO AGE AND YEARS OF EMPLOYMENT IN THE CURRENT POSITION

NURSING INSTRUCTOR	AGE	YEARS IN CURRENT POSITION	
		TWO YEARS OR LESS	SIX OR MORE YEARS
A	34	X	
B	32	X	
C	33		X
D	38		X
E	33		X
F	36		X
G	42		X
H	39		X
I	29	X	
J	42	X	
K	43		X
L	55		X
M	45		X
N	26	X	
O	29	X	

nursing students in the classroom, skill laboratory, and clinical components of the nursing program. Eight of the fifteen nursing instructors had instructed nursing students in more than one program level during their employment in the nursing program. In the remaining sections, the nursing instructors as a group are described according to their educational preparation, teaching experience, and previous nursing practice experience.

Nursing Instructors

Educational Preparation

The minimum requirement for employment as a nursing instructor in the nursing program is a baccalaureate degree in nursing. In nursing, this degree may be achieved by completing a four year generic program or by enrolling in a post registered nurse baccalaureate degree program. All nursing instructors in the study graduated from post registered nurse baccalaureate degree programs. Thirteen nursing instructors received their registered nurse diplomas from hospital nursing programs, the remaining two nursing instructors graduated from college nursing programs. Fourteen nursing instructors received their Baccalaureate degree in Nursing from the University of Alberta, Faculty of Nursing; one nursing instructor's degree was from a university in another province. During the time of the study, two nursing instructors who participated in the study were enrolled in Master's programs.

Nursing Instructors Teaching Experience

In an earlier section of this chapter and in Table 4.3, information on the nursing instructors' employment in their current position was presented. Six of the fifteen nursing instructors had two or less years teaching experience in their current position and nine of the fifteen nursing instructors had six or more years of teaching experience in their current positions. In the faculty group participating in the study, the nursing instructors teaching experience in this nursing program ranged from six months to eleven years and six months. Three of the fifteen nursing instructors had previous teaching experience in other nursing programs. Two nursing instructors were employed in diploma nursing programs; the other nursing instructor was previously employed by a university nursing program.

Nursing Instructors Nursing Practice Experience

In nursing education programs, prerequisites for nursing instructor positions may include nursing practice experience relevant to the clinical area of the nursing instructor position. All fifteen nursing instructors had been employed in nursing practice positions prior to their employment as nursing instructors. Five of the fifteen nursing instructors had also had previous experience in administrative positions such as, head nurse, co-ordinator, and administrator, in areas of nursing practice.

Summary of the Setting and the Participants

The nursing program was established and operated for the purpose of preparing nurses with the competencies required to provide patient care in acute care and long term care settings. Upon satisfactory completion of the three program levels, the nursing students are eligible to write the Canadian Nurses' Association Testing Services examinations. Satisfactory achievement on these examinations is required for nurse registration in the province of Alberta.

The nursing program consisted of four components: the classroom component, the skill laboratory component, community component, and the clinical component. The clinical component of the nursing program consisted of the largest number of content hours, that is, 1,863.5 clinical content hours, followed by 1,032.75 classroom content hours, 110 skill laboratory content hours, and 89.5 community experience content hours. The clinical content hours of the nursing program are the highest and represent 60% of the nursing program hours. This finding was also identified by Bevil and Gross (1981:658), who indicated that, for students and faculty, clinical instruction may consume more hours of preparation and implementation than any other aspect of the nursing program.

A total of 240 nursing students, three male nursing students and 237 female nursing students, were enrolled in the nursing program. The nursing students ranged in age from 17 years to 47 years. In the clinical component of the nursing program, nursing students were instructed by nursing instructors. The ratio of nursing students-to-nursing instructor varied according to the nursing program level and the varying learning needs of the students.

The nursing instructors who participated in the study ranged in age from 26 years to 55 years of age. All nursing instructors in the study were employed in full time positions; two were employed in temporary positions, and the remaining thirteen were employed in permanent positions. Six nursing instructors, ranging in age from 26 years to 42 years, were employed in their current position for two or less years. The other nine nursing instructors had been employed in their current position for six or more years and ranged in age from 33 years to 55 years.

All the nursing instructors possessed a baccalaureate degree in nursing, which is the requirement for employment as a nursing instructor. The nursing instructors in the study all completed a post registered nurse degree program, fourteen received their Baccalaureate degree in Nursing from the University of Alberta, and one received her degree from another Canadian university. Thirteen nursing instructors completed their diploma nursing programs in hospital-based nursing programs and two nursing instructors completed college-based nursing programs. Two of the nursing instructors were enrolled in Master's programs at the time of the study.

A common prerequisite for employment in a nursing instructor position is that the individual have previous experience in nursing practice relevant to the clinical area of instruction. All fifteen nursing instructors, who participated in the study, had previous nursing practice experience. Five nursing instructors had assumed administrative positions of head nurse, co-ordinator, and administrator, in areas of nursing practice.

In the next chapter, the nursing instructors' interactions on the clinical nursing units are described.

CHAPTER V

NURSING INSTRUCTOR INTERACTIONS

Introduction

During the observation of nursing instructors in the clinical component of the nursing program, nursing instructors were found to be interacting with nursing students, patients, hospital personnel, and other individuals. Nursing instructors also referred to their interactions in the clinical area during the scheduled and unscheduled interviews. In this chapter, nursing instructor interactions are described. The chapter is organized into four sections: nursing instructor interactions with nursing students, nursing instructor interactions with patients, nursing instructor interactions with staff, and nursing instructor interactions with "others".

The nursing instructor interactions are illustrated in Tables 5.1 to 5.7. The nursing instructor interactions described in the tables include the following: Table 5.1: Level I nursing instructor interactions, Table 5.2: Level II nursing instructor interactions, Table 5.3: Level III nursing instructor interactions, Table 5.4: nursing instructor interactions during the first half of the clinical rotation, Table 5.5: nursing instructor interactions during the last half of the clinical rotation, Table 5.6: nursing instructor

TABLE 5.1

LEVEL I NURSING INSTRUCTOR INTERACTIONS

NURSING INSTRUCTOR	NURSING STUDENTS/ TOTAL GROUP	PATIENT(S)	STAFF	OTHER
A	6/6	7	1	0
B	5/6	5	1	0
C	6/8	6	4	0
D	4/7	5	3	2

Staff included: X-ray technicians, nursing unit supervisors, physicians, nursing unit clerk, and dietary aide

Other included: Visitor and a patient's wife

TABLE 5.2

LEVEL II NURSING INSTRUCTOR INTERACTIONS

NURSING INSTRUCTOR	NURSING STUDENTS/ TOTAL GROUP	PATIENT(S)	STAFF	OTHER
A	7/10	0	2	0
B	4/6	2	3	1
C	5/10	1	1	0
D	4/4	2	3	0
E	4/5	2	2	0
F	4/6	12	3	2

Staff included: housekeeping aides, registered nurses, nursing assistant, nursing unit supervisors, and a nursing unit clerk

Other included: a patient's husband, a patient's mother, and a patient's sister

TABLE 5.3

LEVEL III NURSING INSTRUCTOR INTERACTIONS

NURSING INSTRUCTOR	NURSING STUDENTS/ TOTAL GROUP	PATIENT(S)	STAFF	OTHER
A	6/6	9	1	0
B	3/6	6	1	0
C	2/3	0	1	0
D	7/7	0	1	0
E	2/2	1	4	1

Staff included: registered nurses and physicians

Other included: a patient's family member

TABLE 5.4

NURSING INSTRUCTOR INTERACTIONS DURING THE FIRST HALF OF THE CLINICAL ROTATION

NURSING INSTRUCTOR	NURSING STUDENTS/ TOTAL GROUP	PATIENT(S)	STAFF	OTHER
A	4/7	5	3	2
B	6/8	6	4	0
C	4/5	2	2	0
D	4/4	2	3	0
E	2/2	1	4	1
F	7/7	0	1	0
G	3/6	6	1	0
H	6/6	9	1	0

TABLE 5.5

NURSING INSTRUCTOR INTERACTIONS DURING THE LAST HALF OF THE CLINICAL ROTATION

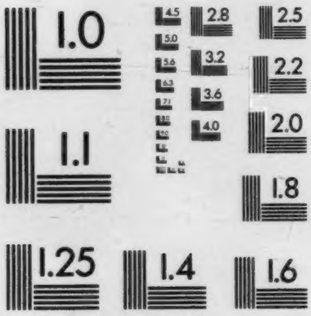
NURSING INSTRUCTOR	NURSING STUDENTS/ TOTAL GROUP	PATIENT(S)	STAFF	OTHER
A	5/6	5	1	0
B	6/6	7	1	0
C	4/6	12	3	2
D	5/10	1	1	0
E	4/6	2	3	1
F	7/10	0	2	0
G	2/3	0	1	0

TABLE 5.6

INTERACTIONS DISPLAYED BY NURSING INSTRUCTORS WITH TWO OR LESS YEARS OF EMPLOYMENT IN CURRENT POSITION

NURSING INSTRUCTOR	NURSING STUDENTS/ TOTAL GROUP	PATIENT(S)	STAFF	OTHER
A	5/6	5	1	0
B	6/6	7	1	0
C	3/6	6	1	0
D	6/6	9	1	0
E	4/4	2	3	0
F	5/10	1	1	0

2


1.0
4.5
5.0
5.6
6.3
7.1
8.0
2.8
3.2
3.6
4.0
2.5
2.2
2.0
1.1
1.8
1.25
1.4
1.6

Micro-D

TABLE 5.7

INTERACTIONS DISPLAYED BY NURSING INSTRUCTORS WITH SIX OR MORE YEARS OF EMPLOYMENT IN CURRENT POSITION

NURSING INSTRUCTOR	NURSING STUDENTS/ TOTAL GROUP	PATIENT(S)	STAFF	OTHER
A	7/10	0	2	0
B	4/6	2	3	1
C	4/5	2	2	0
D	4/6	12	3	2
E	4/7	5	3	2
F	6/8	6	4	0
G	2/2	1	4	1
H	7/7	0	1	0
I	2/3	0	1	0

interactions displayed by individuals with two or less years of employment in their current position, and Table 5.7: nursing instructor interactions displayed by individuals with six or more years of employment in the faculty group. In the following section, the nursing instructor interactions with nursing students are described.

Nursing Instructor Interactions with Nursing Students

In this section, the researcher's observations of nursing instructor interactions with nursing students and the nursing instructors' discussions of their interactions with nursing students are described. The researcher's observations include nursing instructor interactions with nursing students according to nursing program levels, interactions during the first half and last half of the clinical rotation, and interactions displayed by nursing instructors with two or less years and six or more years of employment in the nursing program. The nursing instructors' descriptions of their interactions with nursing students will include the following: the varying nature of nursing students, description of the clinical area as stressful to nursing students, the nursing instructors' attitudes towards nursing students, and nursing instructor feedback to nursing students.

Observations of Nursing Instructor Interactions with Nursing Students

The nursing instructor interactions with nursing students during the observation period were tabulated according to the number of nursing students the nursing instructor interacted with compared to the total number of nursing students in the clinical area at the time of the observation. The nursing instructor interactions with nursing students according to the three nursing program levels are described in the following section.

One Level I nursing instructor interacted with the total group (6/6) nursing students in the clinical area. The other three Level I nursing instructors interacted with more than 50% of the nursing students in the assigned groups, as reflected in the following ratios: five of the six (5/6), six of the eight (6/8), and four of the seven (4/7). In the Level II nursing instructor group, one instructor interacted with all the students in the group (4/4), and the other five nursing instructors interacted with seven of the ten (7/10), four of the six (4/6), five of the ten (5/10), four of the five (4/5), and four of the six (4/6) nursing students in the group. In all five cases, the nursing instructor interacted with 50% or more of the nursing students in the clinical area. In Level III, three nursing instructors interacted with all the nursing students during the period of observation. These nursing instructors interacted with six of the six (6/6), seven of the seven (7/7), and two of the two (2/2) nursing students in the group. Two of the Level III nursing instructors interacted with three of the six (3/6), and two of the three (2/3) nursing students in the group which represented 50% or more of the nursing students in each group. In the next paragraph, nursing instructor interactions during the first and last half of the clinical rotation are described.

During the first half of the clinical rotation, four of the eight (4/8) nursing instructors interacted with the total group of nursing students. These interactions are expressed in the following ratios: four of the four (4/4), two of the two (2/2), seven of the seven (7/7), and six of the six (6/6). Four nursing instructors interacted with four of the seven (4/7), six of the eight (6/8), four of the five (4/5), and three of the six (3/6) nursing students in the group which represents 50% or more of the nursing students in the group. In comparison, during the last half of the clinical rotation, one nursing instructor interacted with six of the six (6/6) nursing students in the clinical area. The remaining six nursing instructors interacted with five of the six (5/6), four of the six (4/6), five of the ten (5/10), four of the six (4/6), seven of the ten (7/10), and two of the three (2/3) nursing students in the group. Nursing instructor interactions according to length of employment in their current position are presented in the following section.

As previously indicated, the faculty group that particpated in this study consisted of two distinct groups: six individuals with two or less years of employment, and nine individuals with six or more years of employment in their current position. Three of the six (3/6) nursing instructors with two or less years of employment interacted with all the nursing students in the group, as represented in the following ratios: six of the six (6/6), six of the six (6/6), and four of the four (4/4). The other three nursing instructors interacted with five of the six (5/6), three of the six (3/6) and five of the ten (5/10) nursing students in the clinical area. Two nursing instructors, in the group of nine nursing instructors (2/9), with six or more years of employment in their current position, interacted with all the nursing students, two of the two (2/2) and seven of the seven (7/7) nursing students in the group. Seven nursing instructors, with six or more years of employment, interacted with the following number of nursing students per group: seven of the ten (7/10), four of the six (4/6), four of the five (4/5), four of the six (4/6), four of the seven (4/7), six of the eight (6/8), and two of the three (2/3).

In the above sections, the researcher's observations of the nursing instructor interactions with the nursing students was presented. In the next section, the nursing instructors' descriptions of their interactions with nursing students, as described during the interviews, are presented.

Varying Nature of Nursing Students

Nursing instructors described their interactions with nursing students as being dependent upon the stage of the rotation, number of students, and level of the learner. In some situations, nursing instructors described their interactions with nursing students as occurring on a one-to-one basis. The variability of clinical teaching interactions related to the nursing students was described in the following interviews.

> I: How do you find clinical teaching in (this nursing area)?
>
> Nursing Instructor: Right now, it's pretty good. The students have come along now and they are different from the first and second rotation (referring to students) in

> that they are more apt to jump in now rather then hang back ... they don't take so long to warm up to the area.
>
> I: As compared to first rotation students?
>
> Nursing Instructor: Ah ha and I think it's because they have just been through two rotations and I have just asked other instructors and they say the same (Interview 18:2).

During an interview, following an observation of clinical teaching, the nursing instructor described the nursing students as varying according to the group in the class.

> Nursing Instructor: ... group B that I had today is weaker.
>
> I: Oh, I see the groups changed. Do you find that one group you have is stronger and the next day a group that is weaker?
>
> Nursing Instructor: Yeah, I have to start all over again.
>
> I: It is hard to change gears because you usually develop on the next day and this way you are starting again.
>
> Nursing Instructor: Because this group is totally safe for patient care, my group today was not safe at all (Interview 22:8).

In the next interview, the nursing instructor described the one-to-one teacher-student interaction, the variation in clinical teaching due to number of assigned students, and Level I and III differences in nursing students.

> I: ... one of the things I noticed was the way you teach the students in the area. Is that typical that you guys talk about a lot of things and review the chart?
>
> Nursing Instructor: I do it more so in (this area) because it is a one-to-one, and I want to make sure they know what is going on ....
>
> I: ... so that is typical about the way you teach in (this area).

> Nursing Instructor: Yeah, that is typical in (this unit), not so much on (another unit) because if I had ten students on I could only ~~spot~~ check a few of them ....
>
> I: So, how would you describe your teaching in the clinical area in (this unit) if you were to describe it?
>
> Nursing Instructor: In what way?
>
> I: Like one of the things is the way you teach in (this area) as compared to teaching in the clinical area, for example in Level I. How would you describe the difference?
>
> Nursing Instructor: The difference is horrendous, okay with a Level I student you can't get into great detail with them, because they don't have the knowledge background; whereas, in (this area) I can draw on the students because they are Level III students, they have all that knowledge behind them ... I know I can tell them more and they will understand me (Interview 23:3-5).

The varying nature of the nursing students and resulting nursing instructor interactions with the nursing students are related to the level of the nursing student, and the time of the clinical rotation. These situations are described in the next interview excerpts.

> Nursing Instructor: Because the nursing student only had three clinical days and had missed so much clinical time due to illness, I had originally given her charting privileges on the last day that she was on wards, but being that I had not seen her for such a duration of time I wanted to be assured that her charting skills were still up to par .... A lot of the business was due to students having new patients, first day back, and a lot of other factors .... I have a unique advantage of having read the patient's chart, of having worked with the student with some of the patients. It was the fourth week of the rotation .... (Interview 24:1-2, 3, 8).

Nursing students vary in level according to their abilities as indicated in the following interview.

> Nursing Instructor: ... because I am not always certain where everyone's (referring to nursing students) assessment skills are at, and there are some students that you know they will assess everything and other cases not (Interview 28:8).

The varying nature of the Level I and III nursing students are described by the nursing instructor in the following interview.

> Nursing Instructor: ... in Level I you have to be on your toes, like all the time, because they (referring to nursing students) would do it, they didn't know enough to say no I can't do that.
>
> I: Yeah, I guess you would notice the difference between the Level I and the Level III (referring to nursing students) and the level of the student. So, do you have to teach differently as a Level I instructor?
>
> Nursing Instructor: Oh definitely ... in Level I, I was scared I couldn't leave them, and that might have just been me, but I thought ... how could they give an intramuscular, and then I thought how could they do it without me. I felt I was ultimately responsible, so which in essence it is true, they goof up it is a reflection on me. So, I wouldn't leave them alone at all; whereas, in Level III I can go half an hour and know they are not going to (harm) somebody (Interview 29:12-13).

The varying nature of the learners, the number of nursing students, the level of the student, and one-to-one nursing instructor-nursing student interactions were addressed during the brainstorming session and are described in the following excerpt.

> Ann: I think the one-to-one interaction that Sue was talking about is really important. In fact I'm wondering if most clinical instruction doesn't take place on a one-to-one basis, incidental one-to-one interactions.
>
> I: When you think of your own experiences as instructors is that what happened? ... did you interact with students predominantly on a one-to-one, Ann?
>
> Ann: Yeah, aside from maybe a group interaction at one point in a day, the majority of the activity was definitely on a one-to-one.
>
> Sue: It also depends on the number of students and the level of student that you are dealing with. You might be able to do more group with your junior basic student, as you get into a more complex procedure you are pretty well one-to-one (Group Interview 4:5-6).

The nursing instructors' references to the stressful nature of the clinical environment affect the manner in which a nursing instructor interacts with her nursing students. The references to the stressful nature of the clinical setting are presented in the next section.

Clinical Area Stressful to Nursing Students

During the brainstorming session, the clinical area was described as stressful to nursing students. This is described in the following comments.

> Pat: One thing to add is the anxiety or stress level of the student is really interesting. I find that no matter what degree or amount of time we might practice in the simulated laboratory experience and they seem to be very confident that actual implementation with the live patient seems to throw a totally different light on the situation. It's not that they can't perform it's just that their anxiety level is so very, very high for the student. For example, I have seen a student go into a different area each time I have seen their anxiety rise each time (Group Interview 4:21).

In the next two situations, nursing instructors described their interactions with nursing students in the following manner.

> Nursing Instructor: You are not only concerned about the patient at that time, which is the top priority, but you have also got a brand new learner there that is learning how to deal with the situation. This is why in this situation I had to work with them shoulder-to-shoulder and work with them and show them how to do it for the sake of the patient because there wasn't enough time to ask these questions that I normally would have if it wasn't a high stress situation.
>
> I: Do you usually work with them this way?
>
> Nursing Instructor: Very much so, except sometimes if you don't have a situation like this ... (Interview 21:10).
>
> Nursing Instructor: Or if it is a really stressful situation. Let's say that all of a sudden somebody's

> patient has to go to the operating room ... and the student has about five different things to do at once and I know that they are not comprehending. I talk them through it and by doing two of them (referring to things) while they are trying to do one, just because of the urgency of the situation (Interview 28:4).

In the next situation, the nursing instructor described the orientation to the clinical area.

> Nursing Instructor: ... we practise (using the equipment) we have talked about the uses of (the equipment) under less stressful situations, when they get in there it is really stressful and they forget a lot (Interview 17:6).

The manner in which a nursing instructor interacted with nursing students was reflective of the attitude the nursing instructor had towards the nursing students. Some of the attitudes reflected in the nursing instructor-nursing student interactions are described in the next section.

Nursing Instructors' Attitudes Towards Nursing Students

In the following observations and interviews, the nursing instructors' attitudes towards nursing students are described. In the first situation, the nursing instructor's manner in dealing with a nursing student who became embarassed during the presence of a group of physicians is presented.

> Nursing instructor and nursing student go to Mrs. _____'s bedside. Nursing student places blood pressure cuff on arm and it opens. Nursing instructor helps the nursing student position the blood pressure cuff. Nursing student finds pulse, three physicians enter room. Nursing student "I'll do it later" physician "no go ahead I'll wait, I would like to know Mrs. ____'s blood pressure". The nursing student's face reddens, she says something to the nursing instructor. Nursing student remains in same spot, nursing instructor proceeds to take the blood pressure and informs physicians of reading. The nursing student leaves room, nursing instructor follows and indicates will go with

> her into a private area, both leave, nursing instructor following and go around the corner (Observation 3:3).

During the observation of the above nursing instructor, a situation in which the nursing student's reading of a blood pressure is different from the nursing instructor's occurred, the situation is described in the following excerpt.

> Nursing student and nursing instructor take the patient's blood pressure. Nursing student and nursing instructor compare readings. Nursing instructor: "let's wait one minute and take it again." Nursing instructor positions membrane and asks the nursing student "to point when you first hear the blood pressure." Nursing instructor asks nursing student "what was Mrs. ____'s blood pressure in the past?" Nursing student tells previous readings, takes blood pressure, and points to readings (Observation 3:4).

The private manner in which nursing instructors interacted with nursing students are further illustrated in the following excerpts from the fieldnotes of the clinical observations and interviews.

> Nursing Instructor: When I take away a student's privileges and stuff like that, whereas all the other students had charting privileges, I don't like a particular student to stand out amongst the bunch, so I quietly take them away to an area and say you are different and this is why (Interview 24:1).
>
> Nursing Instructor: One thing I haven't had the students tell me I speak too softly. I know in the unit area I tend to speak softly to them. I don't speak very loudly normally and I don't feel that everyone in the med room needs to know what I'm saying a particular student (Interview 28:11).
>
> When finished (procedure) nursing instructor and nursing student move from patient's bedside and go around the corner and nursing instructor talks to the nursing student (I am unable to hear details) (Observation 15:2).

In the next situation, a nursing instructor discusses her awareness of the patient's response to the nursing student's attempt to start an intravenous. In this situation, the nursing student assessed the patient's veins and decided not to start the intravenous.

> Nursing Instructor: ... because I'll go in and I have a bad habit of saying what is going to happen, and then I thought, I hope I didn't give the patient the wrong idea that she (referring to nursing student) didn't know what she was doing in doing that (Interview 29:5).

In the next interview excerpt, a nursing instructor described the private manner in which she provides feedback to nursing students.

> Nursing Instructor: ... when I first started I would give them some feedback in front of the patients and from the students they told me that they felt really uncomfortable with that. But I believe that they need feedback immediately after so that they know the things that they had done properly or well and things that they might need to improve on immediately after the task. And so what I do is take them away from the patient environment to talk to them, hopefully so they don't feel embarrassed and I try to do as little verbal or stepping in on them when they are actually doing the skill with the patient so that they don't feel embarrassed or upset at the time. I talk to them immediately so hopefully the immediate feedback will give them some idea of how they performed (Interview 30:3).

In the above situation, the nursing instructor interacted with the nursing student in a private area and in doing so provided for the nursing student's privacy. The provision of feedback to nursing students was also illustrated in the above situation, and will be further described in the next section.

Nursing Instructors' Feedback to Nursing Students

Nursing instructor interactions with nursing students result in nursing instructors providing both verbal and non-verbal feedback to nursing students. The specific nature of the interactions and feedback are described in Chapter VI when the nursing instructors teaching techniques are presented. In this section, two clinical observations and interviews following the observations are presented. In both cases, the nursing instructors made reference to the feedback they provided to the nursing students. The feedback was related to the procedures completed by the nursing students.

> Nursing instructor talking to patient during procedure. Finish, both leave room, nursing instructor "the procedure was handled well you have to talk to the patient to distract her" (Observation 6:3-4).

During the interview, the nursing instructor made reference to the above comments as decribed in the following interview excerpt.

> Nursing Instructor: I did give her praise, I just mentioned that one thing about trying to talk to her patient a bit more because she was very focused on the procedure and I talked to her about the next time she would get to do it I would come in and would act very much more in the background where I would be expecting her to be talking to the patient (Interview 13:2-3).

In the second situation, following the completion of a procedure by a nursing student, the nursing instructor responded on two occasions with the following comments "you did really well" (Observation 10:1). In the interview with this nursing instructor, the above was discussed as presented in the following excerpt of the interview.

> I: ... the thing that stuck out in my mind when I was in the area and when I was writing it up is that you reinforced all the time. You would say you did that well or very well, and you would put your arm around them and say you did that very well ....
>
> Nursing Instructor: ... when the student does a skill the instructor should come out and talk about the skill, that is reinforcement, like in terms of giving a medication, did you do that? to reinforce the learning (Interview 22:2-3).

In the preceding sections of this chapter, the nursing instructors interactions with nursing students were presented. The next section includes the nursing instructor interactions with patients.

Nursing Instructor Interactions with Patients

The researcher's observations of nursing instructor interactions with patients are presented in Tables 5.1 to 5.7. The findings illustrated in the tables and the nursing instructors' descriptions of the varying nature of the clinical area patients are presented in this section.

Observations of Nursing Instructor Interactions with Patients

During the clinical observation period, the researcher observed nursing instructors interacting with patients. The number of patients the nursing instructor interacted with are tabulated in Tables 5.1 to 5.7. The nursing instructor interactions with the patients are described according to the following: nursing program levels; interactions during the first half and last half of the clinical rotation; and interactions displayed by nursing instructors with two or less years and six or more years of employment in the nursing program. The patient interactions are related to the number of nursing student interactions in each program level.

In Level I, two nursing instructors interacted with the same number of patients as nursing students; five patients and nursing students, and six patients and nursing students. The remaining two nursing instructors interacted with more patients than nursing students. One nursing instructor interacted with seven patients and six nursing students and the other nursing instructor interacted with five patients and four nursing students.

Level II nursing instructors interacted with zero to twelve patients. One nursing instructor interacted with no patients and seven nursing students. One nursing instructor interacted with one patient and five nursing students. Three nursing instructors interacted with two patients and four nursing students during each of the observations. One nursing instructor interacted with twelve patients and four nursing students.

During the Level III nursing instructor observations, two nursing instructors interacted with no patients, because the patients were unconscious, and interacted with two and seven nursing students each. One nursing instructor interacted with one patient and two nursing students. The remaining two nursing instructors interacted with more patients than nursing students; one nursing instructor interacted with nine patients and six nursing students, and the other nursing instructor interacted with six patients and three nursing students.

Nursing instructor interactions with patients during the first half of the clinical rotation ranged from zero to nine patients. The following number of nursing instructor-patient interactions were observed: one nursing instructor interacted with no patients; two nursing instructors interacted with two patients in each case; one nursing instructor interacted with five patients; two nursing instructors interacted with six patients in each case; and one nursing instructor interacted with nine patients.

During the last half of the clinical rotation, the nursing instructor interactions with patients ranged from zero to twelve. The following nursing instructor-patient interactions were observed: two nursing instructors interacted with no patients; the remaining five nursing instructors interacted with one, two, five, seven, and twelve patients in each case.

Nursing instructors, with two or less years of employment in the nursing program, interacted with one to nine patients. In each case, the nursing instructor interacted with one, two, five, six, seven, and nine patients.

Nursing instructors, with six or more years of employment in the nursing program, interacted with zero to twelve patients. The following nursing instructor-patient interactions were observed: three nursing instructors interacted with no patients; one nursing instructor interacted with one patient; two nursing instructors interacted with two patients in each case; one nursing instructor interacted with five patients; one nursing instructor interacted with six patients; and one nursing instructor interacted with twelve patients.

The nature of the nursing instructors' interactions with patients varied according to the clinical area patients and the nursing care activities related to the patients.

Varying Nature of Patients

During the interviews with nursing instructors, the nursing instructors described their interactions as varying according to the nature of the clinical area patients. The manner in which the nursing instructor interacted with patients demonstrated that nursing instructors were sensitive to the patients' needs in the clinical area. The following interview excerpts are provided to describe the nursing instructor interactions with patients.

> I: Is that typical of clinical teaching - that hour that I was with you?
>
> Nursing Instructor: Not typical of (this area), it really varies, it is typical of (these patients). I find I have to be encouraging the students to teach a lot to the (patients) ... because if they (referring to students) use a lot of medical terminology the (patients) get turned off, so I try to have the student explain what she is doing .... I say to the student it is important to explain what you are doing in terms so they (the patients) can understand and it depends on the particular patient, I may say that right in the room or if I feel that they (the patients) may be sensitive about me saying that then I will wait till we go out (Interview 13:3-4).

In the next interview, the nursing instructor described the patients on the nursing unit in relation to a nursing student's experience.

> Nursing Instructor: It is so weird, patients can change drastically from one day to the next or they can do it even in the same day (Interview 18:5-6).

On one occasion, a nursing instructor questioned the suitability of the selected time for the clinical observation for a number of patients were discharged. Following a discussion with the nursing instructor and researcher, the decision to proceed with the scheduled clinical observation was mutually agreed upon. During the interview following the clinical observation, the nursing instructor described the clinical area patients in the following manner.

> I: Is that a usual day, like a usual hour?
>
> Nursing Instructor: It can be, you know you just never know, like this patient had an elevated temperature at that particular time, but I was busy with another student and her patient, but at the same time I had to leave and deal with this at that point in time .... It doesn't matter what the numbers are it is the quality of care that is required in the end and the level of learner that you are dealing with, ultimately I think. So, we could have had fifty fairly well patients, still needing hospitalization but nothing dramatic or of high stress; whereas, when you have twelve really sick patients it makes all the difference in the world (Interview 21:2-3, 11).

The nursing instructor interactions with patients are often affected by the activities and procedures involved in providing patient care as illustrated in the following interviews.

> Nursing Instructor: That is a typical day on this nursing unit. It is even worse on Monday, Wednesday, and Friday when we have (specific procedures). Then we are engaging essentially in the preparation of a patient at that time and many times the students have those particular patients .... When the patient population is somewhere else engaged in very structured activity it influences very much what I do. The afternoons are apt to be quite busy because people are coming and going, interacting with one another (Interview 24:3, 9).

> Nursing Instructor: That is sort of what happens but sort of at different times of the day it is really different. The hour from about ten to eight to twenty to nine that day it was very busy because I had five students that had insulins to give and two 8 o'clock intravenous medications and so it is much faster paced .... I think that is realistic depending upon what comes up later in the day. This morning at that time of day I had students who were going for (procedures with their patients) so it was different things but still checking with them to make sure that they have done all the right preparatory steps and if they needed their medication checked doing that. And then going back to see what they had actually done for the patient to see that the siderails are up and that there is

> enough fluid in the intravenous bag to send the patient to Radiology for two hours (Interview 28:6-7).
>
> I: Do you think that (referring to fieldnotes of clinical observation) reflects the time I spent with you?
>
> Nursing Instructor: Exactly, exactly, I only wish it had been earlier because we ran, normally it is quieter from 0830 to 0900 and we ran till 0900 then it was nothing, because normally we will have dressings or something after that .... And then usually it is quiet, but then we had intravenous starts, we have a couple of intravenous go out and things like that, so it really picked up, but you never know until then (Interview 29:6, 11).

During the group brainstorming session, the participants discussed the presence of the patient in the clinical teaching component of the nursing program. The following excerpts are provided as illustrations of the varying nature of the clinical area as related to the patients and nursing instructor relationships.

> Sue: Certainly the patient introduces another dimension that you don't have in the classroom and the patient has to be very much considered. I think it is really important as the instructors in the area to prepare the patients for the students coming to look after them. As well, there is a lot of one-to-one in the clinical that we certainly don't have in the classroom.
>
> Pat: The context is totally different.
>
> Sue: The whole context is different ....
>
> Pat: I find your clinical area totally varies from day-to-day, to week-to-week, to student-to-student as far as what strategy I use and does the context (Group Interview 4:5, 7).

The nursing instructor interactions with patients and the varying nature of the clinical area related to the patients were described in this portion of the reserarch. The next section related to the nursing instructor interactions with staff.

Nursing Instructor Interactions with Staff

The researcher's observations of the nursing instructor interactions with staff and the nursing instructors' discussions of their interactions with staff are presented in this section. The observations of nursing instructor interactions with staff are described according to nursing program levels, interactions during the first half and last half of the clinical rotation, and interactions displayed by nursing instructors with two or less years and six or more years of employment in the nursing program. During the interviews, nursing instructors described their relationship with nursing practice personnel. These discussions focusing on nursing practice personnel and excerpts from the group brainstorming session are presenting in the following sections.

Observations of Nursing Instructor Interactions with Staff

During the clinical observation period, nursing instructors were observed interacting with staff. The number of staff the nursing instructor interacted with and classification of the staff member according to the organizational title are provided in Tables 5.1 to 5.7. The following interactions with staff were found to have occurred.

All four Level I nursing instructors interacted with staff in the clinical area. Two nursing instructors interacted with one staff member each, one nursing instructor interacted with four staff members, and one nursing instructor interacted with three staff members. The staff Level I nursing instructors interacted with included: x-ray technicians, nursing unit supervisors, physicians, a nursing unit clerk, and a dietary aide.

The six Level II nursing instructors all interacted with staff in the clinical area. The following nursing instructor and staff interactions occurred: one nursing instructor interacted with one staff member; two nursing instructors interacted with two staff members; and three nursing instructors interacted with three staff members. Level II nursing instructors interacted with the following staff members: housekeeping aides, registered nurses, nursing assistants, nursing unit supervisors, and a nursing unit clerk.

All five Level III nursing instructors interacted with staff in the clinical area. The number of staff interacted with ranged from one to four staff members. Four nursing instructors interacted with one staff member, and one nursing instructor interacted with four staff members. The staff the Level III nursing instructors interacted with included registered nurses and physicians.

During the first half of the clinical rotation, nursing instructor interactions with staff ranged from one to four staff members. Three nursing instructors interacted with one staff member, one nursing instructor interacted with two staff members, two nursing instructors interacted with three staff members, and four nursing instructors interacted with four staff members.

The nursing instructor and staff interactions during the last half of the clinical rotation ranged from one to three staff members. Four nursing instructors interacted with one staff member, one nursing instructor interacted with two staff members, and two nursing instructors interacted with three staff members.

Nursing instructors, with two or less years of employment in the nursing program, interacted with one to three staff members. Five nursing instructors interacted with one staff member and one nursing instructor interacted with three staff members.

Nursing instructors, with six or more years of employment in the nursing program, interacted with one to four staff members. The following nursing instructor and staff interactions occurred: two nursing instructors interacted with one staff member; two nursing instructors interacted with two staff members; three nursing instructors interacted with three staff members; and two nursing instructors interacted with four staff members.

All nursing instructors interacted with staff in the clinical area. The number of staff members the nursing instructor interacted with ranged from one staff member to four staff members. The nursing instructors' discussions of their relationships with nursing practice and the brainstorming session discussions regarding the nursing instructor's relationship with nursing practice are described in the next section.

Nursing Instructor Relationships with Nursing Practice Staff

During the brainstorming session, the participants addressed the role of the nursing instructor in the clinical area. The following excerpts are provided to describe the nursing instructor relationships with nursing practice personnel.

Sue: One of the areas that I hear people chatting about more now than when I was an instructor myself. The fact that instructors are guests in the clinical situation and that once more takes away from any control that they might have. Because if you are considered a guest then you have to take the needs of everyone else, well it depends on the nursing unit supervisor where you fit in where your requests fit in.

Pat: I can relate to that being an outsider coming into an institution to use the clinical facilities for teaching that probably a good part of the role in clinical teaching before you start having students there, before clinical teaching strategies, is the public relations that have to go on in order to adapt to the individual ward and how much that ward affects the students' learning experience which is vital .... (tape unclear) unit supervisor as well.

I: So there is the element of public relations aspect of, is that unique to clinical teaching as compared to classroom teaching?

Sue: I think so. In the classroom I'm not a guest I'm in charge.

Pat: That's right.

I: It's your territory.

Sue: But after a period of time I think it's mine, but it's never the case on the unit.

Pat: Especially today when there is an increased number of students and the demand to be more cost effective and vying for clinical placements too really has a tremendous effect on what and how these students actually learn.

I: So would you say a fair bit of your time in clinical teaching is spent with the staff and working on rapport? Did you find that when you were teaching Ann?

Ann: No I think in the situation I was in we were part of the institution at that time and everyone was quite committed to the fact the students should be there, the students belonged to the institution so a different atmosphere, but as I understand that has changed.

I: Did you find that public relations with the staff was important at that time even though the students belonged?

Ann: Oh, yeah, to get the staff accepting of the students and getting the staff to help the students as well, which may not be the situation anymore, Pat, I imagine the students are pretty independent of the staff (Pat nods head), are they not?

Pat: It depends on the level of the student but they are not. They definitely need support from the staff.

I: Do you need the support too?

Pat: Sure.

I: As an instructor going into the clinical area with 6, 8 or whatever number of students would you consider doing it in isolation, or is that a realistic expectation of clinical teaching?

Ann: I think it would be impossible.

Sue: It would be suicide.

I: Suicide, Pat is shaking her head we have consensus ....

Sue: I think I'm going to speak a little bit from service attaching to one of my experiences as teaching one of the things is a major complaint from service side is that the instructors are not visible. It seems to me that, that is one of the most difficult things to handle because it is very exhausting to be visible all the time and yet if not visible when service expects you to be visible then this you're whole issue of public relations goes right down the the tube. I have been most concerned just recently listening to some of our nursing unit supervisors saying they don't want to have anything to do with the education of the students because why should they do it all, I mean they don't see the instructors, and I go back to this that you've got to be visible and yet you can only be so visible, you can only be one person and you have ten students and also you're expected to do some other things besides being visible on the floor, you have other responsibilities and I think that's a major, from my point of view as I'm seeing it right now, a major dilemma for the instructor during the clinical experience.

I: From your own exposure.

Sue: From what I'm seeing right now in the clinical teaching environment.

I: And yet is it similar to what Pat addressed the public relations aspect?

Sue: I think it's part, it's definitely part of it because if you're not visible you lose credibility and your public relations is seriously affected.

Pat: I think that gets into the whole area of competencies of the clinical teacher, public relations, clinical competencies but again what is the clinical competency for a clinical teacher? There is a lot of controversy out there. Would you expect a clinical teacher to be an expert at bedside nursing still or is she expert in various other competencies? I think it is beginning to be more studied and issues related to that, but again you don't really know what they are.

Ann: I wonder, think the expectations are that she's expert in everything, teaching, clinical nursing.

Pat: At times you begin to feel like that, and service gets concerned, but again you have nothing to back up your actions.

Sue: That's right.

I: When you were teaching in the clinical area did you see yourselves as teachers first or nurses first?

Pat: Nursing teachers

I: Nursing teachers, that's a fair way nursing/teachers.

Sue: Can I just make a point here about that, we find with our unit based instructors, these are the group that teach the graduate nurses they have to first of all demonstrate that they are nurses they have to demonstrate their clinical expertise to their colleagues or their colleagues will not respond to their teaching. It would be interesting to do some research on that one but that's a strictly observable thing that I've noticed and always when I hire a unit based instructor I send her on the unit to do that extended period of service first. Hoping that she wouldn't hang herself, honest, because if she does it going to be pretty difficult to do teaching, in fact I try to protect her by sending her to other areas for example if she's going to be an instructor in med-surg. I'll send her to I.C.U. to get her skills up so that she will go back to the unit with those kind of assessment skills.

I: When you were teaching in a diploma nursing program were you being expected to have all the skills too?

Sue: The students put that expectation on you.

I: What about the staff?

Sue: And the staff as well.

I: Did you find that Ann too?

Ann: Definitely, I thought that I had to have definite demonstrated expertise in the area.

I: Do you find that?

Pat: Is it expertise or competency? I guess we get into terminology or semantics. Because again I say I don't make any apologies for saying I wouldn't consider myself an expert bedside nurse as to a staff nurse working in the area.

Sue: Who is doing it all the time.

Pat: With the increasing specialization and technologies that are out there, but certainly I'm competent enough with any skills that I would expect my student to do, whereas I would say I'm more an expert in nursing education as compared to the staff nurse on the unit.

Sue: That's really important and I think that's right we should use the term competence when we talk about nursing practice for the instructors and I think I'm saying that, that they should demonstrate competence not expertise. Because of the amount of time you would go in and practice your skills would only give you competence and not expertise. And that's an important distinction (Group Interview 4:13-15, 17-20).

A number of nursing instructors made reference to their interactions with nursing practice personnel. The nature of the nursing instructor relationships with nursing practice personnel are described in the following interview excerpts.

I: One of the things that I found interesting is that you said when there is only one ... nurse that you actually stay in the room and help, how is that, is it that they expect you to stay there?

Nursing Instructor: They don't expect it, but I think they appreciate it, like I think it works two ways in the area. You have students up there, the staff help the students a lot, they work really closely with them and I feel that students only in their (last portion of the rotation) do they really actually start contributing where maybe the staff that put so much into them get a little bit back. So, I feel that if they (the staff) give that much, then I'll give to help out, so to have good relationships. If I go and help them out, then it is not ever a feeling that they (referring to staff) are being used all the time.

I: It seemed really natural, a normal occurrence, an accepted thing rather then the instructor is here, turn away.

Nursing Instructor: Well they really appreciate it and they thank me quite often for helping out and it really makes a difference when they are short staffed and I come and help out or get the students to do more things it really helps them out a lot .... there is so much staff interaction that goes with teaching (Interview 17:3-4, 9).

Nursing Instructor: ... because here they know me better, they use me as a resource person in this area as well so it's sort of a give and take ....

I: Just because of the (nature of the patient) they (the students) work closely with the R.N.

Nursing Instructor: It is more like a preceptor with me as a resource person, because if I go in there as a third person it doesn't work - I've tried that. Like if I'm in there assessing the patient I can't be in four places at the same time, so I've drawn on the R.N.'s .... One of the people (R.N. in area) came and asked for verification of the (procedure) so I had to explain it so I thought I would do both (teach student and R.N.) at once (Interview 23:2, 5-6, 7).

Nursing Instructor: I utilize the staff a lot more and make sure that the nursing students utilize the staff and that they are responsible. I think in that way, I'm much more relaxed when I'm there and I can concentrate more on helping them with their skills and specific things that come up when I go into the room, rather then put them all in one area of the hallway because I want them right there underneath my thumb, which I did (before) and I found that it's a lot better this (way) because I'm giving them patient opportunities as they are spread out sort of

> throughout the hallway and just giving them the responsibility of getting help and assistance and the one thing that I stress with them (students) is safety (Interview 30:4-5).

In the next interview, the nursing instructor described her interactions with staff as a negative relationship. Despite this negative relationship, the nursing instructor and students are encouraged to utilize the nursing practice personnel as indicated in the following interview excerpts.

> Nursing Instructor: ... I know the students pick up on that they are not that welcome in the area and I would say that about one-third of the staff are burnt-out or the job is not fulfilling them ... they (referring to staff) aren't that receptive to the students. But I tell them (referring to students) have to deal with it because no matter what area you go to work there will always be staff that aren't so wonderful and then there will be staff that are really eager to see you and so that's how I get to know the preceptors and even my own encounter with the preceptors. There are some (referring to staff) that I know can snipe at the students but I say look they just don't do that to you (student) they do that to me too and that's just them and there was some of that sorting out to do (Interview 18:9-10).

The nursing instructor relationships with staff were described according to the researcher's observations, and the nursing instructors' descriptions of their relationships with nursing practice. The nursing instructors discussed and described their relationships with nursing practice personnel with the researcher during the scheduled and unscheduled interviews. In the next section, the nursing instructor interactions with other individuals in the clinical area are described.

Nursing Instructor Interactions with "Others"

While in the clinical area, the researcher observed nursing instructors interacting with patients' family members and visitors, these individuals were grouped into the category referred to as "other". The nursing instructor interactions with patients' family members and visitors are described according to the nursing instructor's program level; portion of the rotation, first half or last half; and years of employment in the nursing instructor's current position. The nursing instructors did not make reference to their interactions with a patient's family members or visitors during the interviews. In the next section, the researcher's observations of the nursing instructor interactions with "others" are presented.

Observations of Nursing Instructor Interactions with "Others"

The researcher observed nursing instructors interacting with a patient's family members and visitors in the clinical teaching component of the nursing program. The number of patient's family members and visitors the instructor interacted with are provided in Tables 5.1 to 5.7.

One Level I nursing instructor interacted with two individuals, a patient's wife and a visitor. The remaining three nursing instructors interacted with no individuals in the "other" category.

Four Level II nursing instructors interacted with no individuals in the other category. One nursing instructor interacted with one individual, and one nursing instructor interacted with two individuals. The two nursing instructors interacted with the following individuals included in the "other" category: a patient's husband, a patient's mother, and a patient's sister. Four Level III nursing instructors interacted with no individuals in the "other" category. One nursing instructor interacted with a patient's family member.

During the first half of the clinical rotation, the nursing instructors' interactions with individuals in the "other" category ranged from zero to two. Six nursing instructors did not interact with individuals in the "other" category, one nursing instructor interacted with one individual, and one nursing instructor interacted with two individuals in the "other" category.

During the last half of the clinical rotation, the nursing instructors' interactions with individuals in the "other" category ranged from zero to two, as was the case in the first half of the rotation. Five nursing instructors did not interact with individuals in the "other" category, one nursing instructor interacted with one individual, and one nursing instructor interacted with two individuals in the "other" category.

Nursing instructors, with two or less years of employment in their current position, did not interact with individuals in the "other" category, which included the patient's family members or visitors.

Nursing instructors, with six or more years of employment in their current position, interacted with individuals in the "other" category ranging from zero to two individuals. Five nursing instructors did not interact with individuals in the "other" category, two nursing instructors interacted with one patient's family member or visitor in each case, and two nursing instructors interacted with two visitors or patient's family members in each case.

Discussion of Nursing Instructor Interactions

The theme of nursing instructor interactions began to emerge during the early stages of data collection and data analysis. The nursing instructors were observed interacting with nursing students, patients, staff, and patients' family members and visitors, these interactions were categorized as "others". In this chapter, these nursing instructor interactions were presented. The nursing instructor interactions which were presented reflected the researcher's observations of nursing instructors in the clinical areas of the nursing program and the discussions and descriptions of the nursing instructors' interactions, which occurred during the scheduled and unscheduled interviews with the researcher. The information from the interview with the participants of the brainstorming session was also included in the discussions and descriptions of nursing instructor interactions.

In the next sections of nursing instructor interactions, the nursing instructor interactions with nursing students, patients, staff, and "others" are presented.

Nursing Instructor Interactions with Nursing Students

The researcher noticed that during the clinical observations, the majority of the nursing instructors' interactions focused on the nursing student. During the interviews with nursing instructors, the researcher also noted that the nursing instructors discussed their interactions with nursing students more than their interactions with patients, staff, and "others". Park (1982:11), who observed nursing instructors in the clinical teaching environment, found that all nursing instructors directed more than 60 percent of their behaviors towards the nursing students.

The nursing instructor interactions with nursing students are discussed as related to: a) the number of nursing students in the clinical area, b) the varying nature of the nursing students, c) the stressful nature of the clinical area to nursing students, d) the nursing instructors' attitude towards nursing students, e) and the feedback provided to nursing students by nursing instructors.

Number of nursing students. During the clinical observations of nursing instructors, the researcher found that: in Level I the number of nursing students in the clinical area ranged from six to eight nursing students, in Level II the number of nursing students in the clinical area ranged from four to ten nursing students, and in Level III the number of nursing students in the clinical area ranged from two to seven nursing students. The number of nursing students in the clinical area were found to be consistent with the Universities Co-ordinating Council Regulations (1982:8) which specify that an overall ratio of one faculty member to ten nursing students should be utilized as a general guide for program planning. Karns and Schwab (1982:40) identified the range of eight to twelve nursing students as a common number of nursing students for which a nursing instructor may be responsible for in the clinical nursing area of a nursing program.

The number of nursing students the nursing instructor interacted with during the clinical observation period was expressed as a ratio of the total number of nursing students in the clinical area and was presented earlier in this chapter. All nursing instructors were observed interacting with more than 50 percent of the nursing students in the clinical area. Five of the fifteen nursing instructors interacted with all the nursing students in the clinical area during the clinical observation period. These nursing instructor interactions with nursing students demonstrated the nursing instructor's availability to nursing students. Jacobson (1966), who studied teaching behaviors which helped or hindered nursing students in the clinical area, found that the nursing instructor's availability to nursing students in the clinical area was categorized as an effective teaching behavior by nursing students. The nursing instructor's availability to nursing students enables the nursing instructor and the nursing student to establish a relationship. Brown (1981:11) found that nursing students regarded the nursing instructor's relationships with nursing students as more important than professional competence. Data on the nursing instructors' relationships with nursing students are presented in the following sections. The nursing instructors discussed and described their interactions with nursing students during interviews with the researcher.

Varying nature of nursing students. The nursing instructors' interactions with nursing students were described by nursing instructors as varied and dependent upon the nature of the nursing students in the clinical area. Nursing students varied according to their level as learners (Interviews 18:2, 22:8, 28:1-2, 3, 8, and Group Interview 4:5-6). In these interviews, the level of the nursing student as learner was described as varying according to: a) the nursing student's abilities, b) the stage of rotation, c) the number of nursing students in the clinical area, and d) their need for one-to-one interactions. These factors affected the nursing student and nursing instructor interactions (Interview 23:3-5, Group Interview 4:5-6). The differences in the learning needs of Level I nursing students and Level III nursing students were found to determine the nursing instructor's interactions with nursing students (Interviews 23:3-5, 29:12-13). Pugh (1976:52) described the teacher-student relationship as a dynamic interaction because the teacher's supervision may change constantly depending upon the needs of the learner and the type of learning the student is engaged in.

The need for one-to-one nursing instructor and nursing student interactions was identified by the nursing instructors and participants of the brainstorming session. Karns and Schwab (1982:40) also described the teacher in a clinical nursing program as a person who is required to engage in a considerable amount of one-to-one interaction with nursing students.

In this study, the researcher noted a difference in the nursing instructor and nursing student interactions during the first half of the clinical rotation as compared to the last half of the clinical rotation. During the first half of the clinical rotation, four of the eight nursing instructors interacted with the total group of nursing students in the clinical area. In the last half of the clinical rotation, the researcher found that only one of the seven nursing instructors interacted with the total group of nursing students in the clinical area.

Clinical area stressful to nursing students. The clinical area was described as stressful to nursing students due to the presence of the patient (Interviews 17:6, 21:10, and Group Interview 4:21). Wong (1978:369) described the clinical setting in nursing as stressful to nursing students for nursing students are often prematurely facing overwhelming stressful patient problem situations. These situations may often result in increased anxiety on the part of the nursing student in the clinical area. Whitis (1985:161) said that when nursing students are in the initial clinical experience, they often have a very high anxiety level. She stated that this anxiety level may be reduced by simulation experiences as opposed to real patient encounters. This type of exposure to a simulation experience was described by a nursing instructor in Interview 17:6. She reported that despite the simulation experiences which were used in the instruction of nursing students during the orientation period, she found that the actual patient situation was stressful to the nursing student. The patient's presence often resulted in the nursing student forgetting content which had been practised.

Another nursing instructor described the clinical area as stressful to nursing students for nursing students' may encounter overwhelming situations which result in the nursing student not comprehending what to do (Interview 28:4). In these situations, the nursing instructor found she was required to work with the nursing student. During another interview, Interview 21:10, the nursing instructor described herself as working "shoulder-to-shoulder" with the nursing student due to the stressful clinical situation and the presence of the new learner.

O'Shea and Parsons (1979:411) and Schare (1984:40) said that because the student in health-related professions work with real clients, there is some element of risk involved and therefore some concomitant learner and teacher anxiety. The nursing instructor's anxiety level in the clinical setting may have been reflected in the nursing instructor interactions with nursing students in the following observations made by the researcher. The researcher observed that three of the six (50%) nursing instructors with less experience in the nursing program interacted with the total group of nursing students in the clinical area. By comparison, two of the nine (23%) more experienced nursing instructors interacted with the total group of nursing students in the clinical area.

Karns and Schwab (1982:40) described clinical practice as creating great stress for nursing students. For often nursing students are in a totally new environment and their successes of the past may not guarantee success in this unfamiliar setting. They fear making mistakes, being humiliated by an instructor, or being made to look foolish in front of patients. Karns and Schwab found that the nursing instructor's awareness of the nursing student's stress was important in the development of a trusting relationship between the nursing student and the nursing instructor. This was considered to be a prerequisite to successful socialization of a nursing student into the nursing profession. The socialization of nursing students into the nursing profession was also discussed by the participants in the brainstorming session (Group Interview 4:22).

Wong and Wong (1980:534) described the teacher-student interaction as requiring a demonstration of tolerance and patience on the part of the teacher. According to Wong and Wong, the nursing instructor is required to create an environment in which the nursing student is free to feel, to speak, to experience, to make and correct mistakes.

Nursing instructors' attitudes towards nursing students. Brown (1981:13) reported that the clinical teacher must display confidence in the nursing student's work and demonstrate respect for the student as an individual. Pugh (1976:52) also reported that teachers must be able to communicate verbally and nonverbally their sincere respect for the individual learner and that teachers must also communicate their willingness to assist the learner. The private manner in which the nursing instructors interacted with nursing students was indicative of the respect the nursing instructors displayed towards nursing students.

The researcher observed the following nursing instructor interactions in the clinical area in which the nursing instructors displayed a respectful and caring manner towards the nursing student. The nursing student became embarrassed, her face reddened, when a physician was waiting for her to take a patient's blood pressure. In this situation, the nursing instructor remained beside the nursing student and took the patient's blood pressure (Observation 3:3-4). Following the completion of this procedure, the nursing instructor and the nursing student left the clinical area and went to a private area. During the above observation, the researcher also observed the nursing instructor's interaction with a nursing student who had completed taking a patient's blood pressure and had reported an incorrect reading to the nursing instructor. In this case, the nursing instructor did not state that the reading was incorrect, because it was different from the nursing instructor's reading, but suggested alternatives such as retaking the patient's blood pressure, and repositioning the blood pressure cuff. During Observation (15:2), the researcher observed the nursing student and the nursing instructor leaving the patient's bedside and entering a private area, where the nursing student and the nursing instructor talked. This interaction was private and the researcher was unable to hear the conversation.

During the interviews with the researcher, the nursing instructors discussed the private manner in which they interacted with the nursing students. The nursing instructor's comments were made while the nursing instructors were reviewing the fieldnotes of the observation of their clinical teaching. In Interview (24:1), the nursing instructor indicated that she was in the room away from other staff and nursing students for she was advising the nursing student that her charting privileges were taken away due to her absence from the clinical area. In Interview (28:1), the nursing instructor indicated that she spoke quietly to the nursing student in order that everyone in the medication room did not hear their conversation. In another interview, Interview (30:3), the nursing instructor said that she provides immediate feedback to nursing students. She indicated that the feedback provided to the nursing student is not given in the patient's presence, for nursing students had previously stated that they preferred receiving feedback away from the patient's area.

Karns and Schwab (1982:41) reported that the effectiveness of the total clinical nursing program is directly proportional to the kind of relationships the nursing instructor establishes with the nursing students. They said that nursing instructors are required to display warmth and friendliness, maintain the human factor, accept nursing students as individuals, and show confidence in the nursing student's ability to succeed. The concepts of empathy, congruence, and positive regard were identified by Karns and Schwab (1982:41) as positive teacher behaviors identified by nursing students. Karns and Schwab (1982:28) also stated that the nursing instructor's interpersonal skills can greatly enhance the learning process, by reducing the nursing student's stress and significantly increasing cognitive growth in the student. The nursing instructor's interpersonal skills in dealing with nursing students were referred to as therapeutic communication. This is defined as communication which requires planning in order that the nursing instructor consciously influences less able persons, in this case nursing students, into directions and actions which are beneficial to their welfare.

Nursing instructors' feedback to nursing students. The researcher observed the nursing instructors providing feedback to nursing students. The nature of the feedback provided to nursing students is described in detail in the next chapter in which the nursing instructors' teaching techniques are presented. During the interviews with nursing instructors, the nursing instructors stated that they thought it was necessary to: praise nursing students for their performance (Interview 13:2-3), provide nursing students with verbal and non-verbal feedback (Interview 22:2-3), and display awareness of the patient's response when providing feedback to the nursing student (Interview 29:5).

Brown (1981:11) indicated that nursing students identified the nursing instructor's provision of useful feedback on students progress as one of the characteristics of an effective clinical teacher. The provision of feedback was described by Mutzebaugh (1976:33) as a form of reinforcement which can be utilized to facilitate the nursing student's learning in the classroom and clinical settings.

Nursing Instructor Interactions with Patients

The nursing instructor interactions with patients in the clinical area are presented according to the number of patients the nursing instructor interacted with and the varying nature of the patients. Park (1982:11), who also observed nursing instructors in the clinical area, found that twenty-six to thirty-six percent of the nursing instructor's behavior was directed towards the patient.

Number of patients nursing instructors interacted with in the clinical area. The number of patients the nursing instructors interacted with in the clinical area ranged from zero to twelve patients. In this study, the researcher found that the number of patients the nursing instructor interacted with varied according to: the program level, the time of the rotation, and the nursing instructor's years of employment.

The Level I nursing instructors all interacted with the same number or more patients as nursing students. Five of the six Level II nursing instructors interacted with fewer numbers of patients than nursing students. Only one Level II nursing instructor interacted with more patients than nursing students. Two of the five Level III nursing instructors interacted with more patients than nursing students. These observations demonstrated a decrease in nursing instructor and patient interactions from the beginning of the nursing program, Level I, to the progression of the nursing program into Levels II and III. The differences in the number of patients the nursing instructor interacted with in Level I compared to Levels II and II may also be related to the differences in the knowledge levels of the nursing students. The nursing instructors said that Level I nursing students were interacted with more frequently than Level III nursing students for Level I nursing students were considered to be less aware of their limitations due to their limited knowledge base (Interviews 23:3-5 and 29:12-13).

The nursing instructors interactions with patients were similar during the first half and last half of the clinical rotation. During the first half of the clinical rotation, three of the eight nursing instructors interacted with the same number or more patients than nursing students. Three of the seven nursing instructors, during the last half of the clinical rotation, interacted with the same number or more patients as nursing students. These observations confirmed that the nursing instructor interactions with patients do not vary according to the time of the clinical rotation.

Nursing instructor interactions with patients varied according to the nursing instructor's years of teaching experience. Four of the six less experienced nursing instructors interacted with the same number or more patients as nursing students in the clinical area. By comparison, three of the nine more experienced nursing instructors were observed interacting with the same number or more patients as nursing students.

Varying nature of the patients. During the interviews, nursing instructors and participants of the brainstorming session discussed the varying nature of the patients in the clinical area. The nursing instructor's demonstrated sensitivity to the patient's needs (Interview 13:3-4), stated that the patient's requirements and the activities related to the patient's care (Interviews 24:3, 9; 28:6-7; 29:6, 11), and the patient's condition (Interviews 18:5-6, 21:2-3,11), which may change suddenly, affect the nursing instructor's interactions with the patient and the nursing student. The presence of the patient in the clinical area and the varying needs of the patient were also identified by the particpants in the brainstorming session (Group Interview 4:5, 7) as affecting clinical teaching.

The varying nature of the patients and the presence of the patient in clinical nursing teaching differentiates clinical teaching from other fields of teaching. This learning situation was described by Brown (1981:4) as one which often cannot be repeated, for the clinical learning milieu is not usually controlled specifically for the teaching of nursing. Due to the varying nature of the patients in the clinical area and patient situations which often cannot be repeated, the nursing instructors are required to capitalize on the learning opportunities available to the nursing students as they arise in the clinical area. A nursing instructor (Interview 21:2-3, 11) indicated that the patients' conditions and not necessarily the number of patients influence the clinical teaching environment. Brown (1981:14) stated that clinical nursing teachers must not only be concerned with student-teacher relationships, but also be concerned with relationships with patients. Therefore, the nursing instructor was described by Brown (1981:14) as one who must establish therapeutic relationships with patients and demonstrate an understanding of human behavior and the communication process.

Nursing Instructor Interactions with Staff

All the nursing instructors in the study were observed interacting with staff in the clinical area. The staff members the nursing instructors interacted with included x-ray technicians, nursing unit supervisors, physicians, nursing unit clerks, a dietary aide, housekeeping aides, registered nurses, and nursing assistants.

In all cases, the nursing instructors interacted with fewer staff members than nursing students and patients. Park (1982:11), who observed four nursing instructors in the clinical teaching component of a nursing program, made the following conclusions about the nursing instructors' behaviors directed towards: a) staff and "others" occurred at a rate of two to six percent, b) nursing students occurred at a rate of sixty percent, c) patients occurred at a rate of twenty-six to thirty-six percent. Stuebbe (1980:5) concluded that nursing instructors found it important to establish and maintain good relationships with staff on the patient care units because how the nursing instructor interacts with staff ultimately affects how effectively the staff and nursing students will interact in the clinical area. In the next section, the nursing instructors' relationships with the nursing practice personnel are described.

Nursing instructor relationships with nursing practice staff. The nursing instructors and the participants in the brainstorming session discussed and described the nursing instructor relationships with nursing practice personnel during the interviews. The participants in the brainstorming session (Group Interview 4:13-15, 17-20), described the nursing instructor's role in the clinical area as one which required the establishment and maintenance of effective interpersonal relationships with the nursing practice personnel on the nursing unit.

A nursing instructor (Interview 17:3-4, 9) described her relationship with the staff in the clinical area as one in which her role included helping out in the clinical area. She stated that the staff were appreciative of the assistance she provided them in the clinical area and found that a "give and take" relationship existed among the staff and herself. In this situation, the nursing staff assisted her with the instruction of nursing students for she assisted the staff in the provision of patient care. This "give and ~~take~~" relationship was also identified by another instructor (Interview 23:2, 5-6, 7), who found that she was utilized as a resource person by the staff, as well as the students, in the clinical area. In another interview (Interview 30:4-5), the nursing instructor indicated that she utilized the nursing personnel in the clinical area in the instruction of nursing students. This relationship with the nursing practice personnel enabled the nursing instructor to concentrate on specific skills the nursing students were developing in the clinical area. In one case, the nursing instructor described her relationship with the nursing practice personnel on the nursing unit as negative for she considered the staff as "burnt out" and not receptive to nursing students. In this situation, she also said that the nursing practice personnel were not receptive to herself, the nursing instructor.

Infante (1986:96) described the roles of nursing faculty, administrators, and practitioners as all playing vital and complementary roles in the education of nursing students. The nurse educator's role was described as promoting student learning by carefully selecting settings and situations which meet the learning needs of nursing students. The nurse faculty member was also considered to serve as a consultant to the practitioners in the clinical setting by sharing expertise for the purpose of enhancing the quality of nursing care provided to the patients. The practitioners were described as care givers, who provided a service to patients. These practitioners serve as role models for expert practitioners and professional resources to nursing students. The reciprocal relationships among educator, student, and nurse were described as becoming more apparent as each,—through a different role set, contributes to quality nursing care. Each educator, student, and nurse was considered as indispensable to the processes of teaching and caring. Infante concluded that ideally the nurse practitioner epitomizes the quality care that quality education professes and produces.

Nursing Instructor Interactions with "Others"

The nursing instructor interactions with "others" included visitors, and patients' family members, such as, a wife, a sister, and a mother. The nursing instructors were observed to interact the least with individuals in the "other" category as compared to the nursing instructors' interactions with nursing students, patients, and staff. This finding was also made by Park (1982:11), who observed four nursing instructors during the clinical component of a nursing program, and found that two to six percent of the nursing instructors' behaviors were directed towards staff and others, as compared to sixty percent of the nursing instructor's behaviors were directed towards the nursing students, and twenty-six to thirty-six percent of the nursing instructors' behaviors were directed towards the patients.

The researcher found that the nursing instructors with two or less years of employment in their current positions was the only group of nursing instructors which did not interact with any individuals included in the "other" category.

Swendson Boss (1985:8) identified the following aspects of the nursing instructors' role in the clinical component of the nursing program.

> In the complicated world of health care, the need for nurses who can form productive relationships with clients, families, other health care professionals, and organizations in which they function makes the development of sound professional behaviors mandatory (Swendson Boss 1985:8).

Summary of Nursing Instructor Interactions

In the clinical teaching component of the nursing program, nursing instructors were observed interacting with nursing students, patients, staff, and patient's family members and visitors which was categorized as the interactions with "others". During interviews with the nursing instructors, the nursing instructors described their interactions with nursing students, patients, and staff members. The nature of nursing instructor interactions were described by the participants of the brainstorming session and the nursing instructors during interviews with the researcher.

The nursing instructor interactions with nursing students, as observed by the researcher, were expressed as a ratio reflecting the number of nursing students interacted with, compared to the total number of students in the clinical area. The nursing instructors and participants in the brainstorming session described nursing instructor interactions with nursing students in the following contexts: the varying nature of the nursing students, the stressful nature of the clinical area to nursing students, the nursing instructor's attitude towards nursing students, and the provision of feedback to nursing students.

Nursing instructor interactions with patients were tabulated and related to the number of nursing students the nursing instructor interacted with in the clinical area. Nursing instructors and participants in the brainstorming session described the varying nature of the clinical area related to the patient.

All nursing instructors were observed interacting with staff members. The personnel nursing instructors interacted with included x-ray technicians, nursing unit supervisors, nursing unit clerks, physicians, registered nurses, dietary aides, and a nursing assistant. The importance of the nursing instructors' relationship with nursing practice personnel was described by the nursing instructors and the participants of the brainstorming session.

Nursing instructors interacted with a patient's family members and visitors, these interactions were referred to as nursing instructor interactions with "others".

CHAPTER VI

NURSING INSTRUCTOR TEACHING TECHNIQUES

Introduction

Following the researcher's observation of nursing instructors in the clinical area, fieldnotes of the observation were compiled. These fieldnotes were reviewed by the researcher and five teaching techniques emerged. Questioning, telling, discussion, supervised practice, and active participation were identified as teaching techniques used by the nursing instructors during their interactions with nursing students in the clinical component of the nursing program. The five teaching techniques are defined and described in this chapter.

During the group brainstorming session, the participants described clinical teaching techniques in the following excerpt.

> Pat: I find your clinical area totally varies from today-to-today to week-to-week to student-to-student as far as what strategy I use, as does the context.
>
> I: So in some situations you would actually tell the student what to do and in others you wouldn't. Is that correct?
>
> Pat: And with a different student in the same circumstances you might use a different strategy.
>
> I: So it differs according to the student, the day, the patient and so on. Did you find the same, Ann?

> Ann: I suppose so. Although the areas that I'm familiar with are fairly routinized and for example, the operating room when I was dealing with students in that area there are certain techniques that were more useful to me than others.
>
> I: You had more structure in that area is that what you are saying?
>
> Ann: Yeah, I think because of the structure that is inherent in that area that certain techniques work better than others. Probably demonstration to begin with, and then coaching and participation in the activity secondly, and then more independent activity later on.
>
> I: Sue did you want to comment on that too?
>
> Sue: I was just thinking on the different types of people I've taught, teaching student nurses you really do have a lot of variety I think. When I taught the orderlies I don't think I used as many differences at all, it seemed to be a lot of telling, like you do this and this and they seem to respond to that method of teaching. And then when you teach the graduate nurse you do an awful lot of the inductive, you know you take them through and have them really come up with the answers just kind of coaching and guiding them along so it really does vary according to level and type of learner.
>
> I: That's an interesting point that it depends upon the level of the learner and Pat was referring to that. So the teaching strategy and how you teach is dependent on who is there and why is that accurate (Group Interview 4:7-8)?

The five teaching techniques, questioning, telling, discussion, supervised practice, and active participation were identified by the researcher following the observation of nursing instructors in the clinical area. The nursing instructors' teaching techniques are provided in Tables 6.1 to 6.7. The tables describe the following: Table 6.1 Level I nursing instructor teaching techniques, Table 6.2 Level II nursing instructor teaching techniques, Table 6.3 Level III nursing instructor teaching techniques, Table 6.4 teaching techniques

TABLE 6.1

LEVEL I NURSING INSTRUCTOR TEACHING TECHNIQUES

NURSING INSTRUCTOR	FREQUENCY OF USE DURING CLINICAL OBSERVATION				
	QUESTIONING	TELLING	DISCUSSION	SUPERVISED PRACTICE	ACTIVE PARTICIPATION
A	18	19	4	5	5
B	2	6	1	3	9
C	3	7	0	5	5
D	0	3	2	3	4

TABLE 6.2

LEVEL II NURSING INSTRUCTOR TEACHING TECHNIQUES

	FREQUENCY OF USE DURING CLINICAL OBSERVATION				
NURSING INSTRUCTOR	QUESTIONING	TELLING	DISCUSSION	SUPERVISED PRACTICE	ACTIVE PARTICIPATION
A	12	11	0	1	0
B	8	6	3	2	4
C	16	10	3	2	10
D	23	7	9	0	2
E	17	19	6	2	4
F	16	13	2	4	0

TABLE 6.3

LEVEL III NURSING INSTRUCTOR TEACHING TECHNIQUES

NURSING INSTRUCTOR	FREQUENCY OF USE DURING CLINICAL OBSERVATION				
	QUESTIONING	TELLING	DISCUSSION	SUPERVISED PRACTICE	ACTIVE PARTICIPATION
A	3	1	0	1	0
B	5	4	1	3	6
C	1	1	2	0	3
D	3	8	2	1	3
E	7	14	1	3	4

TABLE 6.4

TEACHING TECHNIQUE USED BY NURSING INSTRUCTORS DURING THE FIRST HALF OF THE CLINICAL ROTATION

	FREQUENCY OF USE DURING CLINICAL OBSERVATION				
NURSING INSTRUCTOR	QUESTIONING	TELLING	DISCUSSION	SUPERVISED PRACTICE	ACTIVE PARTICIPATION
A	3	1	0	1	0
B	5	4	1	3	6
C	3	8	2	1	3
D	7	14	1	3	4
E	16	10	3	2	10
F	8	6	3	2	4
G	2	6	1	3	9
H	18	19	4	5	5

TABLE 6.5

TEACHING TECHNIQUES USED BY NURSING INSTRUCTORS DURING THE LAST HALF OF THE CLINICAL ROTATION

	FREQUENCY OF USE DURING CLINICAL OBSERVATION				
NURSING INSTRUCTOR	QUESTIONING	TELLING	DISCUSSION	SUPERVISED PRACTICE	ACTIVE PARTICIPATION
A	3	7	0	5	5
B	0	3	2	3	4
C	12	11	0	1	0
D	23	7	9	0	2
E	17	19	6	2	4
F	16	13	2	4	0
G	1	1	2	0	3

TABLE 6.6

TEACHING TECHNIQUES USED BY NURSING INSTRUCTORS WITH TWO OR LESS YEARS OF EMPLOYMENT IN CURRENT POSITION

	FREQUENCY OF USE DURING CLINICAL OBSERVATION				
NURSING INSTRUCTOR	QUESTIONING	TELLING	DISCUSSION	SUPERVISED PRACTICE	ACTIVE PARTICIPATION
A	3	8	2	1	3
B	7	14	1	3	4
C	3	7	0	5	5
D	0	3	2	3	4
E	16	10	3	2	10
F	23	7	9	0	2

TABLE 6.7

TEACHING TECHNIQUES USED BY NURSING INSTRUCTORS WITH SIX OR MORE YEARS OF EMPLOYMENT IN CURRENT POSITION

NURSING INSTRUCTOR	FREQUENCY OF USE DURING CLINICAL OBSERVATION				
	QUESTIONING	TELLING	DISCUSSION	SUPERVISED PRACTICE	ACTIVE PARTICIPATION
A	1	1	2	0	3
B	5	4	1	3	6
C	3	1	0	1	0
D	18	19	4	5	5
E	2	6	1	3	9
F	12	11	0	1	0
G	8	6	3	2	4
H	17	19	6	2	4
I	16	13	2	4	0

used by nursing instructors during the first half of the clinical rotation, Table 6.5 teaching techniques used by nursing instructors during the last half of the clinical rotation, Table 6.6 teaching techniques used by nursing instructors with two or less years of employment in their current position, and Table 6.7 teaching techniques used by nursing instructors with six or more years of employment in their current position.

In the discussion section of this chapter, the nursing instructors' references to their limited knowledge of other nursing instructors' clinical teaching, and the nursing instructors' activities of assessment, planning, and organizing as related to clinical teaching are presented.

Questioning as a Teaching Technique

In this section, the researcher's definition of questioning as a teaching technique and examples of this teaching technique, are provided. The researcher's observations of the use of questioning by the nursing instructors are also described. The descriptions include the nursing instructors' use of questioning as a teaching technique in the clinical component of the nursing program according to the nursing program levels, questioning as a teaching technique during the first half and last half of the clinical rotation, and the use of questioning as a teaching technique used by nursing instructors as related to clinical teaching experience in the nursing program. The above observations of the use of questioning as a teaching technique are provided in Tables 6.1 to 6.7.

Definition and Examples of Questioning

Questioning, as a teaching technique, was defined to occur when the nursing instructor was asking the nursing student for information. The following examples of the nursing instructors' use of questioning as a teaching technique are provided from the fieldnotes of the observations of nursing instructors in the clinical area. The examples of the questioning teaching technique are underlined.

1. In the corridor nursing instructor meets nursing student, who is Mrs. F.'s student nurse.

   Nursing Instructor: I was in to see Mrs. F., she indicated she was having pain and had received an analgesic. Did you give Mrs. F. analgesic?

   Nursing Student: Yes

   Nursing Instructor: What did you give?

   Nursing Student: 292's

   Nursing Instructor: How many?

   Nursing Student: Two

   Nursing Instructor: Why didn't you give an intramuscular injection?

   Nursing Student: Because she wanted pills instead of a needle (Observation 1: 3-4).

2. Nursing instructor has a 3" X 5" yellow piece of paper which she is referring to (the nursing student's sample charting). Nursing instructor refers to paper.

   Nursing Instructor: How many hemovacs?

   Nursing Student: Three

   Nursing Instructor: What about the drainage, is it serous? Sanguinous?

Nursing Student: Sanguinous

Nursing Instructor: How much emesis?

Nursing Student: Small

Nursing Instructor: Was there approximately one medication cup, 30 mL? (Shows with finger and thumb)

Nursing Student: No, about one-half.

Nursing Instructor: Then approximately 15 to 20 mL?

Nursing Student: Yes

Nursing Instructor: When did he have the emesis?

Nursing Student: After the chest tube being removed.

Nursing Instructor: You have bruises on body, where are they?

Nursing Student: (points to sites) Right, left arm, abdomen, back, and right leg.

Nursing Instructor: Are there any on his face?

Nursing Student: No

Nursing Instructor: Then they are not all over his body. Would it be appropriate to use terminology such as trunk, arms and legs, specifying right and left?

Nursing Student: Yes

Nursing Instructor: Can you understand the points on this paper?

Nursing Student: Yes (Observation 2:1-2).

3. The nursing student is taking a patient's blood pressure.

Nursing Instructor: Is it okay?

Nursing Student: Yes

Nursing Instructor: What about his abdomen?

Nursing Student: It's not bruised, it's okay (Observation 4:1).

4. Patient tells nursing student that the gauze dressing just slides off. Nursing student tries and it doesn't slide off. The nursing student looks at the nursing instructor.

   Nursing Student: Can I use the sterile scissors?

   Nursing Instructor: Do you have bandage scissors?

   Nursing Student: No

   Nursing instructor reaches into pocket and passes her scissors. The dressing is then removed by the nursing student.

   Nursing Instructor: Do you need a barrier?

   Nursing Student: I don't have one here (Observation 5:3).

5. Nursing instructor enters patient's room, nursing student in room with patient. Nursing instructor talks to patient and then talks to the nursing student.

   Nursing Instructor: Did you tell (the patient) about the enema?

   Nursing Student: No

   Nursing Instructor: Do you want to tell her about it?

   The nursing student explains procedure to patient (Observation 6:1).

Observations of the Use of Questioning as a Teaching Technique

The nursing instructors' use of questioning during their interactions with nursing students are tabulated in Tables 6.1 to 6.7. The frequency with which questioning was used by the nursing instructor was compiled from the fieldnotes of the clinical observations. Questioning, as a teaching technique, is described according to the following: the frequency of use by nursing instructors in each nursing program level, use by nursing instructors during the first half and last half of the clinical rotation, and use by nursing instructors according to years of clinical teaching experience in the nursing program.

Level I nursing instructors were observed to use questioning in their interactions with nursing students at a frequency ranging from zero to eighteen. During the observations of the four Level I nursing instructors, the following occasions of questioning occurred: one nursing instructor did not use questioning as a teaching technique, one nursing instructor used questioning on two occasions, one nursing instructor used questioning on three occasions, and one nursing instructor used questioning on eighteen occasions.

In Level II, the six nursing instructors using questioning as a teaching technique at a frequency ranging from eight to twenty-three. The nursing instructors used questioning during the clinical observation period in the following frequencies: one nursing instructor used questioning on eight occasions, one nursing instructor used questioning on twelve occasions, two nursing instructors each used questioning on sixteen occasions, one nursing instructor used questioning on seventeen occasions, and one nursing instructor was observed using questioning as a teaching technique on twenty-three occasions.

In Level III, the nursing instructors used questioning as a teaching technique at a frequency ranging from one to seven. The five nursing instructors were each observed using questioning in the following frequencies: on one occasion, on five occasions, and on seven occasions. Two nursing instructors each questioned nursing students on three occasions during the observation periods.

During the first half of the clinical rotation, the nursing instructors used questioning as a teaching technique at a frequency ranging from two to eighteen. The eight nursing instructors used questioning in the following frequencies: one nursing instructor used questioning on two occasions, two nursing instructors each used questioning on three occasions, one nursing instructor used questioning on five occasions, one nursing instructor used questioning on seven occasions, one nursing instructor used questioning on eight occasions, one nursing instructor used questioning on sixteen occasions, and one nursing instructor used questioning on eighteen occasions.

During the last half of the clinical rotation, questioning was used by the nursing instructors as a teaching technique at a frequency ranging from zero to twenty-three. The seven nursing instructors each interacted with nursing students and used questioning in their interactions in the following frequencies during each observation: one nursing instructor did not question the nursing students, the six remaining nursing instructors each questioned nursing students, once, three times, twelve times, sixteen times, seventeen times, and twenty-three times.

Less experienced nursing instructors were observed to use questioning as a teaching technique at a frequency ranging from zero to twenty-three. The six nursing instructors in this category interacted with nursing students and used questioning during their interactions on the following occasions: one nursing instructor did not question nursing students, two nursing instructors each questioned nursing students on three occasions, one nursing instructor used questioning on seven occasions, one nursing instructor used questioning on sixteen occasions, and one nursing instructor used questioning on twenty-three occasions.

More experienced nursing instructors were found to use questioning as a teaching technique at a frequency ranging from one to eighteen. The nine nursing instructors each used questioning during their interactions with nursing students in the clinical area in the following number of occasions: once, twice, three times, five times, eight times, twelve times, sixteen times, seventeen times, and eighteen times.

In the next section, the teaching technique identfied as telling is presented.

Telling as a Teaching Technique

The researcher's observations of nursing instructors' use of telling as a teaching technique in their interactions with nursing students during the clinical component of the nursing program are provided in Tables 6.1 to 6.7. The findings provided in the tables are described in the section of the observations of the use of telling as a teaching technique.

During the group brainstorming session, the participants described the use of telling as a teaching technique in the following manner.

Ann: And at what stage of the rotation.

Sue: That's another really significant point.

I: What do you find different at the beginning? What would you say in the beginning as compared to the end of the rotation would be different with the students?

Ann: In the beginning, there is an awful lot of material that has to be covered by just telling, orientation to the unit for example, and then as the student becomes more familiar with the area and the type of patient they are encountering they can take more independence with what they are doing and with what they want to learn in that area and what they need to learn.

I: So, then you can see a difference in the way you would approach that student in the beginning of the rotation as compared to the end. Did your expectations change with the student? What would have happened if you had a student that at the end of the rotation the student still required a lot of telling as you did in the beginning? How would you react to that?

Ann: I guess I would question whether that student had met the objectives of the experience and a close look at the objectives would be in order. And if they were still needing a lot of guidance, I would probably still be utilizing the same strategies I used with them in the beginning although it would be time for a good look at the strategies too.

I: You would be concerned then?

Ann: Oh, yeah.

I: Do you find the same Pat, that you vary from how you start to how you continue?

Pat: I think so. Not only the needs of the learner as they change over time, and the objectives try to move towards the patient or the context varies depending on which unit you're on and that dictates some of the strategies you have to work with. And also I know myself, I know I have my own biases as what's more effective, some

> of my own strategies that I'm better at whereas some (unable to hear) teach rote psychomotor skills I get really frustrated with after a certain period of time and prefer more to develop decision making skills and help the student work through to the answer rather than giving the answer. That's because I know those are some of my own biases too and I have to watch (Group Interview 4:8-10).

The researcher's definition of telling, as a teaching technique, and examples of this teaching technique are provided in the next section.

Definition and Examples of Telling

Telling, as a teaching technique, was defined as occurring during nursing instructor and nursing student interactions when nursing instructors provided information to nursing students. The following examples of telling, as a teaching technique, are provided from the fieldnotes of the observations of nursing instructors in the clinical area. The specific illustrations of the nursing instructor providing direction or information are underlined in the excerpts from the fieldnotes.

1. Nursing Instructor: Remember the counter is clean and the sink is dirty.

   The nursing student removes her watch, takes the alcohol swabs and cleans the thermometer.

   Nursing Instructor: Use two of them and run them over the cord.

   Nursing Student: Can I put this one back (referring to alcohol swab)?

   Nursing Instructor: No, put it in the garbage.

   The nursing student washes her hands and removes her gown.

   Nursing Instructor: Remember to keep your arms straight (Observation 9:1).

2. Nursing Instructor: Check the card against what is written on the chart to make sure it is the same.

   Nursing student charts.

   Nursing Instructor: You did very well.

   Nursing instructor and another nursing student enter a patient's room to apply an ointment.

   Nursing Instructor: Check the arm band. (Observation 10:1).

3. Nursing student approaches nursing instructor with a chart.

   Nursing Student: I need clarification of this order ....

   Nursing Instructor: When the order is written that way, nurses use discretion.

   Nursing instructor leaves and goes to other charting room where a nursing student is sitting at the counter.

   Nursing Instructor: I want to check your charting, I will be looking for description (Observation 12:1).

4. Nursing Instructor: Now you have to get the fluid out of the chamber.

   The nursing student turns the chamber upside down.

   Nursing Instructor: Now squeeze it once, twice.

   Nursing student continues to attach new bag. Nursing instructor touches tubing.

   Nursing Instructor: Before you run the solution, get the air bubbles out of the tubing by placing your small finger along the tubing. (shows with her finger while talking) This seems to be happening with the tubing.

   Nursing instructor looks at the patient's intravenous site and taped areas.

Nursing Instructor: You have done ... before, so I'll leave you (Observation 13:3).

5. Nursing Instructor: Put your tray on the bedside table.

Nursing student holds tubing and looks at it (new equipment).

Nursing Instructor: Connect it to your main tubing and run the solution in the tubing so you don't waste your medication.

Nursing student connects tubing, intravenous solution moving in tubing.

Nursing Instructor: Raise your main bag, now it's coming. Lift your chamber so the solution runs in.

Nursing Student: How far do I fill the chamber?

Nursing Instructor: Half full.

Nursing student connects medication bag.

Nursing Instructor: You control the rate with your main tubing (Observation 14:2).

Observations of the Use of Telling as a Teaching Technique

The nursing instructors use of telling as a teaching technique during their interactions with nursing students are tabulated in Tables 6.1 to 6.7. The findings provided in the tables are described in this section.

The Level I nursing instructors were observed using telling as a teaching technique at a frequency ranging from three to nineteen. Each of the four nursing instructors used telling in their interactions with nursing students during each observation period in the following frequencies: one nursing instructor used telling on three occasions, one nursing instructor used telling on six occasions, one nursing instructor used telling on seven occasions, and one nursing instructor used telling on nineteen occasions.

The six Level II nursing instructors were observed using telling as a teaching technique at a frequency ranging from six to nineteen. Each nursing instructor used telling in the interactions with nursing students on the following number of occasions: six, seven, ten, eleven, thirteen, and nineteen occasions.

In Level III, the nursing instructors used telling as a teaching technique at a frequency ranging from one to fourteen. The five nursing instructors were observed using telling in their interactions with nursing students in the following frequencies: two nursing instructors each used telling on one occasion, one nursing instructor used telling on four occasions, one nursing instructor used telling on eight occasions, and one nursing instructor used telling on fourteen occasions.

During the first half of the clinical rotation, nursing instructors interacted with nursing students in the clinical area using telling as a teaching technique at a frequency ranging from one to nineteen. In the total group of eight nursing instructors, telling was observed as the teaching technique used by nursing instructors in their interactions with nursing students in the following frequencies: one nursing instructor used telling on one occasion, one nursing instructor used telling on four occasions, two nursing instructors each used telling on six occasions, one nursing instructor used telling on eight occasions, one nursing instructor used telling on ten occasions, one nursing instructor used telling on fourteen occasions, and one nursing used telling on nineteen occasions.

During the last half of the clinical rotation, the nursing instructors were observed using telling as a teaching technique at the same frequency range as during the first half of the clinical rotation, that is, at a range from one to nineteen. The seven nursing instructors used telling on the following number of occasions: one nursing instructor used telling on one occasion, one nursing instructor used telling on three occasions, two nursing instructors each used telling on seven occasions, one nursing instructor used telling on eleven occasions, one nursing instructor used telling on thirteen occasions, and one nursing instructor used telling on nineteen occasions.

Less experienced nursing instructors were observed using telling as a teaching technique at a frequency ranging from three to fourteen. The six nursing instructors interacted with nursing students in the clinical area and used telling as a teaching technique on the following number of occasions: one nursing instructor used telling on three occasions, two nursing instructors each used telling on seven occasions, one nursing instructor used telling on eight occasions, one nursing instructor used telling on ten occasions, and one nursing instructor used telling on fourteen occasions.

More experienced nursing instructors interacted with nursing students in the clinical area using telling as a teaching technique at a frequency ranging from one to nineteen. The nine nursing instructors were observed using telling as a teaching technique on the following occasions: two nursing instructors each used telling on one occasion, one nursing instructor used telling on four occasions, two nursing instructors each used telling on six occasions, one nursing instructor used telling on eleven occasions, one nursing instructor used telling on thirteen occasions, and one nursing instructor used telling on nineteen occasions.

The teaching technique identified as discussion is described in the next section of this chapter

Discussion as a Teaching Technique

The researcher's definition of discussion as a teaching technique and examples of this teaching technique are provided in this section. The researcher's observations of the nursing instructors using this teaching technique are also presented. The observations include the nursing instructors' use of discussion as a teaching technique in the clinical component of the nursing program according to the nursing program levels, discussion as a teaching technique during the first half and last half of the clinical rotation, and the use of discussion as a teaching technique used by nursing instructors as related to clinical teaching experience in the nursing program. The observations of the use of discussion as a teaching technique are provided in Tables 6.1 to 6.7.

Definition and Examples of Discussion

Discussion, as a teaching technique, was defined to occur during the nursing instructor and nursing student interactions when the nursing instructor and nursing student shared information about a particular subject during their conversation. In these situations, the nursing instructor and nursing student talked about activities and events related to patients and procedures related to the clinical area.

The following examples illustrating the nursing instructors' use of discussion as a teaching technique are provided from the fieldnotes of the observations of nursing instructors in the clinical area.

1. Nursing instructor goes to bathroom and talks to a nursing student who is cleaning a patient's dentures.

   Nursing Instructor: I checked Mrs. ___'s mouth, it's nice and clean, I told her that her nails need clipping.

   Nursing Student: I'll do them when I finish cleaning her dentures (Observation 3:1).

In the next situation, the nursing instructor and the nursing student are reviewing the nursing student's nursing care plan in the charting room.

2. Nursing Instructor: Does he have a hemovac?

   Nursing Student: Yes, I'm not sure if he has one or two small ones.

   Nursing Instructor: If there are two they would be joined by a Y (pointing with fingers).

   Nursing Student: His intravenous and foley catheter are to come out (Observation 5:2).

In the following situation, the nursing instructor is in the charting room with a number of nursing students. The nursing instructor is talking to the nursing student sitting next to her.

3. Nursing Instructor: I haven't asked about your patient, you have a new patient and I don't know a thing about your patient.

   The nursing student talks about her patient and the nursing instructor acknowledges by ah, ha and yeah.

> Nursing Student: Patient said she didn't like burnt toast.
>
> Nursing Instructor: You don't have to be sick to not like burnt toast ... (Observation 8:4).

In the next situation, the nursing instructor and nursing student are in the corridor of the nursing unit and are talking about nursing interventions to control a patient's elevated temperature.

4. Nursing Student: I uncovered him, but his (family member) keeps covering him.

   Nursing Instructor: That is cultural, as discussed in class, oriental people cover the patient, this is difficult for them to understand (Observation 9:2).

In the next situation, the nursing student and nursing instructor leave the patient's bedside and go to the desk area. The nursing instructor and the nursing student are reviewing the patient's chart. The nursing instructor draws a diagram on a sheet of paper.

5. Nursing Student: I thought the (tube) was inside, but now I understand.

   The nursing instructor moves over to where another student is sitting. Both review a patient's chart and talk about laboratory results and a diagnostic test (Observation 11:1).

Observations of the Use of Discussion as a Teaching Technique

The nursing instructors' use of discussion as a teaching technique during their interactions with nursing students in the clinical area are provided in Tables 6.1 to 6.7. The frequency in which discussion was used as a teaching technique was compiled from the fieldnotes of the clinical observation. Discussion, as a teaching technique, is described according to the following: the frequency of use by nursing instructors in each nursing program level, the frequency of use by nursing instructors during the first half and last half of the clinical rotation, and the frequency of use by nursing instructors related to clinical teaching experience in the nursing program.

The Level I nursing instructors were observed using discussion as a teaching technique in their interactions with nursing students at a frequency ranging from zero to four. During the observations of the four nursing instructors in Level I, discussion was observed to be used as a teaching technique in the following frequencies: one nursing instructor did not use discussion as a teaching technique, one nursing instructor used discussion on one occasion, one nursing instructor used discussion on two occasions, and one nursing instructor used discussion on four occasions.

The six Level II nursing instructors were observed using discussion as a teaching technique at a frequency ranging from zero to nine. These nursing instructors were observed using discussion as a teaching technique during the observation period in the following frequencies: one nursing instructor did not use discussion as a teaching technique, one nursing instructor used discussion on two occasions, two nursing instructors each used discussion on three occasions, one nursing instructor used discussion on six occasions, and one nursing instructor used discussion on nine occasions.

In Level III, the five nursing instructors were observed using discussion as a teaching technique at a frequency ranging from zero to two. One nursing instructor did not use discussion as a teaching technique, two nursing instructors each used discussion on one occasion, and the remaining two nursing instructors each used discussion as a teaching technique on two occasions.

During the first half of the clinical rotation, the nursing instructors were observed using discussion as a teaching technique at a frequency ranging from zero to four. The eight nursing instructors who were teaching nursing students during the first half of the clinical rotation used discussion as a teaching technique in the following frequencies: one nursing instructor did not use discussion during her interactions with nursing students, three nursing instructors each used discussion on one occasion, one nursing instructor used discussion on two occasions, two nursing instructors each used discussion on three occasions, and one nursing instructor used discussion as a teaching technique on four occasions.

During the last half of the clinical rotation, the nursing instructors interacted with nursing students and were observed using discussion as a teaching technique at a frequency ranging from zero to nine. The seven nursing instructors were observed using discussion as a teaching technique in the clinical area in the following frequencies: two nursing instructors did not use discussion as a teaching technique, three nursing instructors each used discussion on two occasions, one nursing instructor used discussion on six occasions, and one nursing instructor used discussion as a teaching technique on nine occasions.

Less experienced nursing instructors were observed using discussion as a teaching technique at a frequency ranging from zero to nine. The six nursing instructors with two or less years of employment in their current positions interacted with nursing students in the clinical area using discussion as a teaching technique in the following frequencies: one nursing instructor did not use discussion as a teaching technique, one nursing instructor used discussion on one occasion, two nursing instructors each used discussion on two occasions, one nursing instructor used discussion on three occasions, and one nursing instructor used discussion as a teaching technique on nine occasions.

The nine more experienced nursing instructors were observed using discussion as a teaching technique in the clinical area at a frequency ranging from zero to six. These nursing instructors used discussion as a teaching technique during their interactions with nursing students in the following frequencies: two nursing instructors did not use discussion as a teaching technique, two nursing instructors each used discussion on one occasion, two nursing instructors each used discussion on two occasions, one nursing instructor used discussion on four occasions, and one nursing instructor used discussion as a teaching technique on six occasions.

Supervised Practice as a Teaching Technique

The researcher's definition of supervised practice as a teaching technique and examples of this teaching technique are provided in this section of the chapter. The researcher's observations of the nursing instructors' use of supervised practice are also described. The observations include the use of supervised practice as a teaching technique by nursing instructors according to the following: nursing program level, supervised practice used as a teaching technique during the first half and last half of the clinical rotation, and the use of supervised practice as a teaching technique by nursing instructors according to clinical teaching experience in the nursing program. The observations of supervised practice as a teaching technique are included in Tables 6.1 to 6.7.

Definition and Examples of Supervised Practice

The researcher defined supervised practice as occuring in the nursing instructor's interaction with a nursing student when the nursing instructor observed a nursing student's behavior or actions related to the nursing practice activities of providing patient care. In these situations, the nursing instructor observed the nursing student's actions and in some cases provided direction and feedback to the nursing student who was engaging in activities related to the provision of patient care.

The researcher observed the nursing instructors overseeing nursing students engaged in the following activities: changing a patient's intravenous tubing (Observations 1:2; 9:4), charting in the patient care record (Observations 2:1, 5; 12:4), taking a patient's temperature, pulse and respirations (Observation 2:4, 5, 6), taking a patient's blood pressure and heart sounds (Observations 3:3, 4; 4:1; 6:5), discontinuing a patient's intravenous (Observation 5:5), removing a patient's sutures and a dressing change (Observation 5:3, 4), administering an enema and applying an ointment for patients

(Observations 6:3; 10:1), preparing for procedures (Observation 7:2), preparing oral, sidestream, and intravenous medications for patients (Observations 9:4; 10:2; 12:2; 10:1; 013:2; 014:1), administering oral and intavenous medications to patients (Observations 10:1, 2; 13:2), and providing mouth care and pericare to patients (Observations 15:1, 2, 3). During the above activities, the nursing instructors observed the nursing students' actions related to activities of providing patient care. The researcher observed the nursing instructors standing near the nursing student and, in some cases, communicating with the nursing student verbally and non-verbally.

The following examples of the nursing instructors use of supervised practice as a teaching technique are provided from the fieldnotes of the observations of nursing instructors in the clinical area.

In the first situation, the nursing instructor supervised a nursing student who was taking a patient's temperature, pulse, and respirations.

1. Nursing instructor takes the patient's pulse and respirations while the nursing student takes the patient's temperature. The nursing student takes the pulse and respirations. The nursing student writes numbers on a piece of paper which she shows the nursing instructor. The nursing instructor looks at the paper and says "okay" (Observation 2:4).

In the next situation, the nursing instructor supervised a nursing student who was preparing a medication for administration to a patient.

2. Nursing instructor leaves area and enters medication room area where a nursing student is drawing up

> (measuring) a medication. The nursing instructor reads the bottle label and medication card.
>
> Nursing Instructor: You could pour some into a plastic medication cup because everyone uses the stock bottle, and you don't want to contaminate the stock bottle.
>
> Nursing Student: Oh, yeah you showed us that (Observation 9:4).

In the following situation, the nursing instructor supervised a nursing student preparing and administering a sidestream medication to a patient, and another nursing student preparing and applying an ointment for a patient. The nursing instructor also supervised both nursing students in their recording of the medications on the patient care record medication sheets.

> 3. Nursing instructor and nursing student in medication room. The nursing student has some solution in a syringe and is measuring the solution, an air bubble is in the solution in the syringe. The nursing instructor takes the syringe and shows the nursing student how to remove the air. The nursing student takes the syringe and repeats the nursing instructor's actions. Both return to the counter (previously at sink area) and check the medication card and medication bottle.
>
> Nursing Instructor: What are you going to check?
>
> Nursing Student: 5 Rights.
>
> The nursing instructor and nursing student go to the patient's room. The nursing student checks the patient's identification armband. Nursing instructor opens sidestream ventolin cup, the nursing student pours the solution into the cup and closes the cup. Both return to the desk area, the nursing student takes the patient's chart and locates the medication record.
>
> Nursing Instructor: Check the card against what is written on the chart to make sure it is the same.
>
> The nursing student checks the medication.

Nursing Instructor: You did very well.

Nursing instructor talks to another nursing student.

Nursing Instructor: I am ready to do the application of the ointment.

Nursing Student: There aren't any 2" x 2"'s, the registered nurse said to use a 3" x 4" folded in half.

The nursing student takes the ointment tube and checks the card and tube. Both the nursing instructor and nursing student enter the patient's room.

Nursing Instructor: Check the armband.

The nursing student compares the armband with the medication card. The nursing student applies the ointment to the 3" x 4" gauze. Both go to the patient's left side. The nursing student applies the ointment, the nursing instructor is squatting beside the nursing student. The nursing instructor talks to the patient.

Nursing Instructor: Your hemorrhoids are much better.

The nursing instructor pulls the curtains open and talks to the nursing student.

Nursing Instructor: Wash your hands.

The nursing instructor and nursing student leave the patient's room. The nursing instructor is talking to the nursing student.

Nursing Instructor: You did really well.

Both go into desk area to chart the medication and to return the medication card.

Nursing Instructor: Where are you going to put the card?

Nursing Student: Five pm (Observation 10:1).

In the next situation, the nursing instructor supervised a nursing student who was administering an intravenous medication to a patient.

4. The nursing instructor and the nursing student enter a patient's room. The patient, a lady, is in the process of sitting down on a chair. The nursing instructor talks to the patient regarding her preference for the hard versus the soft chair. The nursing student checks the patient's name on the armband, then reorganizes the intravenous tubing which is curled around the intravenous pole. The nursing instructor whispers to the nursing student.

   Nursing Instructor: Tell her what you're doing (difficult to hear).

   Nursing Student: I am putting up your antibiotic for your ... infection.

   The nursing student continues to untangle the intavenous tubing.

   Nursing Instructor: If you turn the pole you can untangle the tubing.

   The nursing instructor turns the pole. The nursing student turns the intravenous valve and allows the fluid to move into the tubing.

   Nursing Instructor: Now you can get the fluid out of the chamber.

   The nursing student turns the chamber upside down.

   Nursing Instructor: Now squeeze it, once, twice.

   The nursing student continues to attach the new intravenous bag. The nursing instructor touches the tubing.

   Nursing Instructor: Before you run the solution, get the air bubbles out of the tubing by placing your small finger along the tubing (shows with her finger while talking). This seems to be happening with the tubing.

   The nursing instructor looks at the patient's intravenous site and taped areas.

   Nursing Instructor: You have done ... before, so I'll leave you (Observation 13:2-3).

In the next situation, the nursing instructor supervised two nursing students in the preparation of intravenous medications for administration to the patients.

5. The nursing instructor and two nursing students are in the medication room. The nursing instructor is standing between the nursing students who are preparing intravenous medications. A nursing student draws up solution into the syringe and shows the syringe to the nursing instructor.

   Nursing Instructor: How much do you need?

   Nursing Student: 10 mL, I don't have enough.

   The nursing student picks up the empty vial and looks at it.

   Nursing Instructor: Get another one.

   The nursing student gets another vial. The nursing instructor turns to watch the other nursing student. The nursing instructor turns towards to first nursing student.

   Nursing Instructor: What is ... for?

   Nursing Student: ... side effects. (unable to follow details of conversation)

   The nursing student identifies two side effects of the medication.

   Nursing Instructor: And the vein site (points to own arm).

   Nursing Student: Oh yeah, that's what I watch for all patients with an intravenous.

   The nursing instructor moves towards the other nursing student and watches the nursing student add the medication to the intraveneous bag (Observation 14:1).

In the above examples and in the other situations when the nursing instructors used the teaching technique referred to as supervised practice, the nursing instructors also demonstrated their use of the teaching techniques which were described earlier as questioning, telling, and discussion. In some cases, the nursing instructor observed a nursing student's actions and then participated in the activity with the nursing students. The participation of the nursing instructor in an activity was defined as the active participation teaching technique. This teaching technique is described in a later section of this chapter.

Observations of the Use of Supervised Practice as a Teaching Technique

The nursing instructors use of supervised practice as a teaching technique during their interactions with nursing students in the clinical area are provided in Tables 6.1 to 6.7. The frequency with which supervised practice was used as a teaching technique was compiled from the fieldnotes of the clinical observations. Supervised practice, as a teaching technique, is described according to the following: the frequency of use by nursing instructors in each nursing program level, the frequency of use by nursing instructors during the first half and last half of the clinical rotation, and the frequency of use by nursing instructors as related to clinical teaching experience in the nursing program.

The Level I nursing instructors were observed using supervised practice as a teaching technique in their interactions with nursing students at a frequency ranging from three to five. During the observations of the four nursing instructors in Level I, the nursing instructors used supervised practice in the following frequencies: two nursing instructors each used supervised practice as a teaching technique on three occasions, and the two other nursing instructors each used supervised practice as a teaching technique on five occasions.

The six Level II nursing instructors were observed using supervised practice as a teaching technique at a frequency ranging from zero to four. The nursing instructors were observed using supervised practice as a teaching technique during the clinical observation period in the following frequencies: one nursing instructor did not use supervised practice as a teaching technique, one nursing instructor used supervised practice on one occasion, three nursing instructors each used supervised practice on two occasions, and one nursing instructor used supervised practice as a teaching technique on four occasions.

In Level III, the five nursing instructors were observed using supervised practice as a teaching technique at a frequency ranging from zero to two. One nursing instructor did not use supervised practice a teaching technique, two nursing instructors each used supervised practice on one occasion, and two nursing instructors each used supervised practice as a teaching technique on three occasions.

During the first half of the clinical rotation, the nursing instructors were observed using supervised practice as a teaching technique at a frequency ranging from one to five. The eight nursing instructors who were teaching nursing students during the first half of the clinical rotation were observed using supervised practice as a teaching technique in the following frequencies: two nursing instructors each used supervised practice on one occasion, two nursing instructors each used supervised practice on two occasions, three nursing instructors each used supervised practice on three occasions, and one nursing instructor used supervised practice on five occasions.

During the last half of the clinical rotation, the nursing instructors interacted with nursing students and were observed using supervised practice as a teaching technique at a frequency ranging from zero to five. The seven nursing instructors were observed using supervised practice as a teaching technique in the clinical area in the following frequencies: two nursing instructors did not use supervised practice as a teaching technique, the remaining five nursing instructors each used supervised practice as a teaching technique on one occasion, on two occasions, on three occasions, on four occasions, and on five occasions.

Less experienced nursing instructors were observed using supervised practice as a teaching technique at a frequency ranging from zero to five. The six nursing instructors with two or less year of employment in their current position interacted with nursing students in the clinical area using supervised practice as a teaching technique in the following frequencies: one nursing instructor did not use supervised practice as a teaching technique, one nursing instructor used supervised practice on one occasion, one nursing instructor used supervised practice on two occasions, two nursing instructors each used supervised practice on three occasions, and one nursing instructor used supervised practice as a teaching technique on five occasions.

The nine more experienced nursing instructors were observed using supervised practice as a teaching technique at a frequency ranging from zero to five. These nursing instructors used supervised practice as a teaching technique during their interactions with nursing students in the following frequencies: one nursing instructor did not use supervised practice as a teaching technique, two nursing instructors each used supervised practice on one occasion, two nursing instructors each used supervised practice on two occasions, two nursing instructors each used supervised practice on three occasions, one nursing instructor used supervised practice on four occasions, and one nursing instructor used supervised practice as a teaching technique on five occasions.

Active Participation as a Teaching Technique

The researcher's definition of active participation as a teaching technique and examples of this teaching technique are provided in this section of the chapter. The researcher's observations of the nursing instructors' use of active participation as a teaching technique are also described. The observations include the use of active participation as a teaching technique by nursing instructors according to the following: nursing program level, the use of active participation as a teaching technique during the first half and last half of the clinical rotation, and the use of active participation as a teaching technique by nursing instructors as related to clinical teaching experience in the nursing program. The observations of active participation as a teaching technique are provided in Tables

6.1 to 6.7. The nursing instructors and the participants of the brainstorming session discussed their provision of patient care and role modelling with the researcher during the interviews. These discussions regarding the provision of patient care and role modelling are presented following the section on the observations of active participation as a teaching technique.

Definition and Examples of Active Participation

The researcher defined active participation as occuring in the nursing instructor's interaction with a nursing student when the nursing instructor, in the presence of the nursing student, engaged in nursing practice activities related to the provision of patient care. The nursing instructor was observed participating in activities related to providing patient care at the patient's bedside or in areas on the nursing unit where the nursing instructor and the nursing student were preparing to provide patient care.

The nursing instructors were observed taking part in the following activities related to the provision of patient care in the presence of the nursing student: taking a patient's vital signs, such as temperature, pulse, respirations, and blood pressure (Observations 2:4, 5, 6: 3:3, 4; 6:5), transferring and positioning patients in their beds (Observations 3:2; 15:2, 3), offering a patient a glass of water (Observations 3:2; 5:3; 15:3), removal of a patient's suture (Observation 5:4), monitoring, removal and controlling intravenous administration to a patient (Observations 8:2; 9:1; 14:2), and a variety of other procedures and activites (Observations 2:3; 6:2, 3; 7:2; 9:1; 9:5; 11:1).

The following examples of the nursing instructors' use of active participation as a teaching technique are provided from the fieldnotes of the observations of nursing instructors in the clinical area. In some cases, the nursing instructor was supervising a nursing student in an activity related to the provision of patient care. When the nursing student encountered difficulty or required assistance, the nursing instructor became involved and participated in the activities related to the provision of patient care.

In the first situation, the nursing instructor assisted the nursing students in transferring a patient from a stretcher to the bed and then offered the patient a glass of water and the urinal.

> 1. The nursing student leaves the room and returns with another nursing student. The nursing instructor then pulls the curtain around the patient and she and the two nursing students move Mr. ___ from the stretcher to the bed. Prior to moving the patient, the nursing instructor checks that the brakes are on the bed and the stretcher. After the patient is in bed, the nursing instructor offers the patient a drink of water which he accepts. She also offers him the urinal, he says "no" (Observation 3:2).

In the next situation, the nursing instructor was supervising a nursing student in the removal of a patient's sutures. The nursing student experienced problems removing the last two sutures, this resulted in the nursing instructor participating in attempting to remove the sutures for the patient.

> 2. The nursing student was having difficulty with the last two sutures.
>
> Nursing Instructor: I'll go and see if I can get you a plastic suture removal set.

> The nursing instructor leaves the room and goes to the utility room, no plastic suture set found, she returns to the patient's room.
>
> Nursing Instructor: I'll wash my hands and try.
>
> Nursing instructor washes her hands. She goes to the patient's bedside and tries to remove the sutures. The procedure is painful to the patient.
>
> Nursing Instructor: I'll ask another nursing student to get a plastic suture set from CSR (Observation 5:4).

In the next situation, the nursing instructor participated in the preparation and administration of an intravenous medication for a patient. The nursing instructor co-signed for medication for two nursing students in the preparation of the intravenous medication and worked with one nursing student, who was administering the intravenous medication to a patient.

> 3. The nursing instructor checks the medication card and signs the green card for the intravenous bag. She then turns to another nursing student and signs the green card. The nursing instructor leaves the medication room area and goes with the nursing student into a patient's room. The nursing student places the medication tray on the patient's bed and places the intravenous bag on the hook. The nursing instructor passes the intravenous tubing to the nursing student (Observation 14:2).

In the following situation, the nursing instructor was supervising a nursing student who was attempting to start an intravenous on a patient. The nursing instructor participated in assisting the nursing student to select a suitable vein to start the intravenous for the patient.

> 4. The nursing student and the nursing instructor enter a patient's room. The nursing student is looking at the patient's arm, touches arm area, then applies a tourniquet.

> Nursing Instructor: Put your siderail down.
>
> The nursing student puts the siderail down and continues to touch the patient's arm. The nursing instructor also touches the patient's arm.
>
> Nursing Student: Is this one?
>
> Nursing instructor instructs the patient to make a fist and then open her hand.
>
> Nursing Instructor: I think it is a muscle. Do you think you can start the intravenous? It's up to you.
>
> The nursing student decides not to try the intravenous start. The nursing instructor tells the patient that the intern will be notified (Observation 14:3).

In the next situation, the nursing instructor and nursing student are co-operatively providing nursing care to a patient.

> 5. The nursing instructor helps the nursing student position a patient in bed. The nursing student offers the patient mouth wash. The patient requests a kleenex, the nursing instructor provides the kleenex to the patient (Observation 15:2).

Observations of the Use of Active Participation as a Teaching Technique

The nursing instructors use of active participation as a teaching technique during their interactions with nursing students in the clinical area are provided in Tables 6.1 to 6.7. The frequency in which active participation was used as a teaching technique was compiled from the fieldnotes of the clinical observations. Active participation, as a teaching technique, is described according to the following: the frequency of use by nursing instructors in each nursing program level, the frequency of use by nursing instructors during the first half and last half of the clinical rotation, and the frequency of use by nursing instructors as related to clinical teaching experience in the nursing program.

The Level I nursing instructors were observed using active participation as a teaching technique at a frequency ranging from four to nine. During the observations of the four Level I nursing instructors, the nursing instructors were observed using active participation as a teaching technique in the following frequencies: one nursing instructor used active participation on four occasions, two nursing instructors each used active participation on five occasions, and one nursing instructor used active participation on nine occasions.

The six Level II nursing instructors were observed using active participation as a teaching technique at a frequency ranging from zero to ten. These nursing instructors were observed using active participation as a teaching technique during the observation period in the following frequencies: two nursing instructors did not use active participation as a teaching technique, one nursing instructor used active participation on two occasions, two nursing instructors each used active participation on four occasions, and one nursing instructor used active participation on ten occasions.

In Level III, the five nursing instructors were observed using active participation as a teaching technique at a frequency ranging from zero to six. One nursing instructor did not use active participation as a teaching technique, two nursing instructors each used active participation on three occasions, one nursing instructor used active participation on four occasions, and one nursing instructor used active participation as a teaching technique on six occasions.

During the first half of the clinical rotation, the nursing instructors were observed using active participation as a teaching technique at a frequency ranging from zero to ten. The eight nursing instructors who were teaching nursing students during the first half of the clinical rotation used active participation as a teaching technique in the following frequencies: one nursing instructor did not use active participation during her interactions with nursing students, one nursing instructor used active participation on three occasions, two nursing instructors each used active participation on four occasions, and the remaining four nursing instructors each used active participation as a teaching technique on five occasions, on six occasions, on nine occasions, and on ten occasions.

During the last half of the clinical rotation, the nursing instructors interacted with nursing students and were observed using active participation as a teaching technique at a frequency ranging from zero to five. The seven nursing instructors were observed using active participation as a teaching technique in the clinical area in the following frequencies: two nursing instructors did not use active participation as a teaching technique, one nursing instructor used active participation on two occasions, one nursing instructors used active participation on three occasions, two nursing instructors each used active participation on four occasions, and one nursing instructor used active participation as a teaching technique on five occasions.

Less experienced nursing instructors were observed using active participation as a teaching technique at a frequency ranging from two to ten. The six nursing instructors with two or less years of employment in their current positions interacted with nursing students in the clinical area using active participation as a teaching technique in the following frequencies: one nursing instructor used active participation on two occasions, one nursing instructor used active participation on three occasions, two nursing instructors each used active participation on four occasions, one nursing instructor used active participation on five occasions, and one nursing instructor used active participation as a teaching technique on ten occasions.

The nine more experienced nursing instructors were observed using active participation as a teaching technique in the clinical area at a frequency ranging from zero to nine. These nursing instructors used active participation as a teaching technique during their interactions with nursing students in the following frequencies: three nursing instructors did not use active participation as a teaching technique, one nursing instructor used active participation on three occasions, two nursing instructors each used active participation on four occasions, and the remaining three nursing instructors each used active participation as a teaching technique on five occasions, on six occasions, and on nine occasions.

Discussions of Active Participation in Clinical Teaching

During the clinical observations, the researcher observed nursing instructors providing patient care. When the researcher interviewed the nursing instructors, this observation was discussed with the nursing instructors. In the following interview excerpts, the nursing instructors discussed their provision of patient care in the clinical teaching component of the nursing program.

In Interview 13, the nursing instructor described her interactions with nursing students and patients by providing an example in which she assisted the nursing student in monitoring the patient's vital signs and related patient teaching in this situation. Following the nursing instructor's description of this clinical teaching situation, the following conversation occurred.

> I: So, you are actually providing nursing care at that time?
>
> Nursing Instructor: Yeah (Interview 13:4).

In Interview 17, the nursing instructor reviewed the fieldnotes of the observation and the following conversation regarding the researcher's observations occurred.

> I: When you are working with the students, cleaning up, you took care of the garbage. Do you usually do that? Do you work with them in that way?
>
> Nursing Instructor: I do some of it if they are starting. Sometimes I wouldn't do anything with them. I'll just let them go ahead and do it, or if they are having a problem, I will guide them through it. Things to me that they already know, that are menial, like garbage, that if I can help things can move a little faster because (these times) are always high stress, pressure time, then I will just go ahead and do it (Interview 17:4).

In Interview 28, the nursing instructor reviewed the fieldnotes of the clinical observation and commented on her involvement in the nursing student's activity. The following conversation occurred.

> I: Just to relate to that comment, is it common to do things like that with the nursing student, while they are doing something, that you participate in it?
>
> Nursing Instructor: I tend to. I had forgotten until just now, that she did have the bags in her hands and that is probably why I turned the pole (Interview 28:3).

In Interview 21, the nursing instructor described her participation in the provision of patient care in the following manner.

> Nursing Instructor: This is why in this situation I had to work with them right shoulder-to-shoulder and work with them and show them how to do it for the sake of the patient because there wasn't enough time to ask these questions that I normally would have if it wasn't a high stress situation (Interview 21:10).

During the brainstorming session interview, Sue described the active participation in the provision of patient care by the nursing instructor in the clinical area as role modelling. The following interview excerpt in which Sue described clinical teaching is provided.

> Sue: I have to get my thoughts together. I guess I see clinical teaching very much as role modelling for the students or graduate nurses that you're working with, and indeed what it is to me as well, is that it's really operationalizing the theory, applying theory to practice and the role modelling comes in at that case because as you are applying the theory to practice as an instructor, you are showing the student how to do it (Group Interview 4:2).

Discussion of Nursing Instructor Teaching Techniques

The theme of nursing instructor teaching techniques, which included questioning, telling, discussion, supervised practice, and active participation, emerged during the early stages of data collection and data analysis. The researcher identified the five teaching techniques of questioning, telling, discussion, supervised practice, and active participation, in the fieldnotes of the clinical observations of nursing instructors. The five teaching techniques which were identified addressed the researcher's question of what was happening in the clinical area. In addressing this question, the researcher identified the nursing instructors' activities of questioning, telling, discussion, supervised practice, and active participation as occuring during the nursing instructor and nursing student interactions in the clinical component of the nursing program.

The terminology decribing the nursing instructor teaching techniques of questioning, telling, discussion, supervised practice, and active participation, which were identified by the researcher from the fieldnotes of the clinical observations of nursing instructors were also identified in the Paideia Curriculum developed by Adler. The Paideia Curriculum is reproduced in Figure 6.1. Paideia, according to Adler (1982:17), is a Greek word which means general, humanistic learning. This curriculum includes three distinct modes of teaching and learning which requires three different kinds of instruction on the part of the teacher. According to Adler (1983:35), the acquisition of organized knowledge in the fields of basic subject matter is aided by the kind of teaching that is didactic, that is, teaching by telling, by use of textbooks or manuals, classroom exercises and demonstration, and monitoring by the ordinary types of tests. The second column of the Paideia Curriculum includes the

	COLUMN ONE	COLUMN TWO	COLUMN THREE
Goals	Acquisition of Organized Knowledge	Development of Intellectual Skills and Skills of Learning	Improved Understanding of Ideas and Values
	by means of	by means of	by means of
Means	Didactic Instruction, Lecturing and Textbooks	Coaching, Exercises and Supervised Practice	Maieutic or Socratic Questioning and Active Participation
	in these three subject areas	in these operations	in these activities
Subject Areas, Operations, and Activities	Language, Literature, and Fine Arts Mathematics and Natural Science History, Geography, and Social Studies	Reading, Writing, Speaking, Listening, Calculating, Problem Solving, Observing, Measuring, Estimating, Exercising Critical Judgment	Discussion of Books (Not Textbooks) and Other Works of Art Involvement in Music, Drama, and Visual Arts

These three columns do not correspond to separate courses, nor is one kind of teaching and learning necessarily confined to any one class.

FIGURE 6.1

THE PAIDEIA CURRICULUM

Reproduced from "The Paideia Proposal: rediscovering the essence of education." *American School Board Journal* (July) 17-20.

development of intellectual skills. Adler (1983:36) indicated that all skills, intellectual as well as bodily skills are habits, which can only be formed by the repetition of the right acts and the elimination of the wrong acts. The formation of habits, according to Adler, requires coaching. Adler (1983:37) referred to the goals of the third column of the Paideia Curriculum as developing the improved understanding of ideas and values. This goal of enlargement and elevation of the understanding of the basic ideas and issues can be helped, according to Adler (1982:18; 1983:36), by teachers who conduct seminars in the Socratic fashion, and teach by asking, not by lecturing or telling, and who moderate discussion. The Paideia Curriculum, which was developed by Adler and other members of the Paideia group, was proposed as a method of reforming education in the United States of America. Although the Paideia Curriculum was not developed for nursing education, the means identified in the curriculum are similar to the teaching techniques identified by the researcher during the observation of nursing instructors in the clinical component of the nursing program.

Coaching, which was identified by Adler as a means of achieving the goal of developing intellectual skills in learners through the formation of habits, was also researched and developed by Joyce and Showers as related to the mastery of teaching skills in teacher training. Coaching, according to Joyce and Showers (1981:170), is characterized by an observation and feedback cycle in an ongoing instructional or clinical situation. The five teaching techniques, questioning, telling, discussion, supervised practice, and active participation, although not identified as coaching by the researcher initially, may be considered as components of coaching as defined by Joyce and Showers. Following a review of the fieldnotes of the clinical observations of nursing instructors and the transcripts of the interviews, the researcher identified the following interview excerpt as the only occasion when the participants in the study referred to the term coaching.

> Ann: Yeah, I think because of the structure that is inherent in that area that certain techniques work better than others. Probably demonstration to begin with, and then coaching and participation in the activity secondly, and then more independent activity later on.
>
> I: Sue, did you want to comment on that too?
>
> Sue: I was just thinking on the different types of people I've taught, teaching student nurses you really do have a lot of variety, I think. When I taught the orderlies I don't think I used as many differences at all. It seemed to be a lot of telling, like you do this and this and they seem to respond to that method of teaching. And then when you teach the graduate nurse, you do an awful lot of the inductive. You know you take through and have them really come up with the answers, just kind of coaching and guiding them along. So it really does vary according to level and type of learner (Group Interview 4:7-8).

The means identified in the Paideia Curriculum, which identified three kinds of teaching and learning, the coaching identified by Joyce and Showers, and the five teaching techniques identified by the researcher, all focus on the activities of teaching and learning. Infante (1978:31) concluded that teaching strategies of the nurse faculty in the clinical setting should be geared to stimulate thinking, challenge what has already been learned, and facilitate what the student would like to learn.

In the following sections, the five teaching techniques of questioning, telling, discussion, supervised practice, and active participation, which were identified by the researcher from the fieldnotes of the clinical teaching observations, are presented. Following the discussion of the five teaching techniques, the nursing instructors' references to their limited knowledge of other nursing instructors' teaching techniques and the nursing instructors' activities of assessment, planning, and organizing are presented.

Questioning as a Teaching Technique

The researcher defined questioning, as a teaching technique, as occuring during the nursing instructor and nursing student interaction when the nursing instructor was asking for or soliciting information from the nursing student. Fourteen of the fifteen nursing instructors observed in the clinical area used questioning, as a teaching technique, during their interactions with nursing students in the clinical area. One Level I nursing instructor did not use questioning in her interactions with nursing students during the clinical observation period. The Level II nursing instructors were observed using questioning, as a teaching technique, more frequently than the Level I and Level III nursing instructors. In Level I, the nursing instructors used questioning as a teaching technique at a frequency ranging from zero to eighteen; the Level III nursing instructors used questioning as a teaching technique at a frequency ranging from one to seventeen, and the Level II nursing instructors used questioning as a teaching technique at a frequency ranging from eight to twenty three occasions.

Craig (1981:18) indicated that a nursing instructor behavior identified as desirable by faculty and students in teacher evaluation programs is the nursing instructor's skill in asking stimulating, challenging questions. The following quotation was provided by Craig regarding the use of questioning in teaching.

> Questions, when skillfully asked, assist students to see relationships and link the unknown to the known. In addition, questioning permits student and teacher to explore ideas together. The art of questioning, more than any other single teaching skill, can assist the teacher in conveying her interest, her enthusiasm, and her continued pursuit of her own learning (Craig 1981:18).

Wong and Wong (1980:534) identified the inquiry method of teaching as one of the ideal ways of helping students to develop problem-solving skills and motivating students to take responsiblity for their own learning. The teacher was described as kindling the students' curiosity by asking questions, and stimulating the student to ask questions. Wasserman (1987:464) cautioned teachers about the use of questioning, by indicating that challenging questions should be used sparingly and thoughtfully, for overusing questioning can actually inhibit students' thinking. Adler (1982:19) included questioning as a means of achieving the student learning goal of improved understanding of ideas and values.

Questioning was identified as a preferred teaching technique during an interview with a nursing instructor. The following interview excerpt is provided in which the nursing instructor stated that she would have "drawn" the information from the nursing student.

> Nursing Instructor: ... because there wasn't enough time to ask these questions that I normally would have, if it wasn't a high stress situation.
>
> I: Do you usually work with them that way too?
>
> Nursing Instructor: Very much so, except sometimes if you don't have a situation like this, then you've got more time to maybe quiz them a little bit more and draw these things out of them rather than ...
>
> I: Telling them?
>
> Nursing Instructor: Yeah, sure, but time didn't allow it on this day (Interview 21:10).

During the brainstorming session, Pat also indicated that she preferred to develop the nursing student's decision-making skills and to help the nursing student work through to the answer (Group Interview 4:10).

Park (1982:9), who observed four nursing instructors in the clinical area, identified nursing instructor types of behavior. One of the types of behavior was described as the questions category. This question category was divided into specific behavior descriptors which included the following question descriptors: closed, open-ended, rhetoric, query, direction, and caution. In this study, the use of questioning as a teaching technique was identified by the researcher as a general category and a detailed analysis of each teaching technique was not developed.

Telling as a Teaching Technique

Telling, as a teaching technique, was defined by the researcher as occurring during the nursing instructor and nursing student interaction when the nursing instructor provided information or direction to the nursing student. All nursing instructors were observed to use telling as a teaching technique during the clinical observation period.

During the brainstorming session, Ann (Group Interview 4:8-10) indicated that at the beginning of the rotation she found that she used telling as a method of orienting the nursing students to the clinical area and providing the nursing students with information about the area. She also indicated that her use of telling as a teaching strategy would decrease as the rotation progressed. In reviewing the findings regarding the nursing instructors' use of telling as a teaching technique, the researcher found that in this study the nursing instructors used telling as a teaching technique the same number of times during the first half and last half of the clinical rotation.

During the first half of the clinical rotation, the eight nursing instructors used telling as a teaching technique on the following number of occasions: one nursing instructor used telling on one occasion, one nursing instructor used telling on four occasions, two nursing instructors each used telling on six occasions, one nursing instructor used telling on eight occasions, one nursing instructor used telling on ten occasions, one nursing instructor used telling on fourteen occasions, and one nursing instructor used telling on nineteen occasions. The seven nursing instructors, who were teaching nursing students during the last half of the clinical rotation, also used telling as a teaching technique at a frequency ranging from one to nineteen. These nursing instructors used telling as a teaching technique in the following frequencies: one nursing instructor used telling on one occasion, one nursing instructor used telling on three occasions, two nursing instructors each used telling on seven occasions, one nursing instructor used telling on eleven occasions, one nursing instructor used telling on thirteen occasions, and one nursing instructor used telling as a teaching technique on nineteen occasions.

Stuebbe (1980:5) described the role of the nursing instructor as that of a facilitator. In acting as a facilitator, the nursing instructor encouraged students to think through related concepts which frequently resulted in nursing students thinking through situations and, in some cases, answering their own questions. In these situations, the nursing instructor would not provide the information to the nursing student, but would assist the nursing student in problem solving and thinking through the situation.

Adler (1982:17) identified didactic instruction as a means of acquiring organized knowledge in the fields of basic subject matter. In this study, telling was identified as the term which was used in describing the didactic instruction which occurred in the clinical component of the nursing program.

In the interviews, the nursing instructors' described their use of telling as a teaching technique in the following manner. One nursing instructor (Interview 21:10) described her use of telling, as a teaching technique, in the clinical area as related to the stressful nature of the clinical experience to the nursing student, and indicated that under less stressful circumstances she would have questioned the nursing students to a larger extent. In another situation, the nursing instructor (Interview 28:4-5) indicated that she talked the nursing student through stressful situations in the clinical area.

The researcher observed the nursing instructors using telling, as a teaching technique, as a method of providing the nursing student with information. When the nursing instructor was observed communicating with the nursing student in this manner, the nursing instructor was observed to be providing feedback to the nursing student. In some cases, telling consisted of comments such as "okay" or "you did really well".

Discussion as a Teaching Technique

Discussion, as a teaching technique, was defined to occur when the nursing instructor and nursing student shared information on a particular subject in the clinical area. In these situations, both the nursing instructor and nursing student talked about activities or events related to the patients or procedures in the clinical area.

Discussion was found to be used less frequently as a teaching technique by nursing instructors as compared to the teaching techniques described as questioning and telling. Level III nursing instructors used discussion the least amount as a teaching technique, at a frequency ranging from zero to two.

Adler (1982:17) identified discussion of books as an activity which would achieve the goal of improving the understanding of ideas and values, in these activities Adler described the student and teacher as equals. Wong and Wong (1980:534) identified the student and teacher relationship in clinical teaching as a junior-senior partnership in nursing the patients. Brown (1981:13), who studies faculty and nursing student perceptions of effective clinical teachers, found that the nursing student group regarded the nursing instructor's ability to permit freedom of discussion and the venting of feelings as more important than did the faculty group.

Supervised Practice as a Teaching Technique

Supervised practice was defined as occurring in the nursing instructor's interaction with the nursing student when the nursing instructor observed a nursing student's behavior or actions related to the nursing practice activities of providing patient care in the clinical area. In these situations, the nursing instructor observed the nursing student's behavior and provided direction and feedback to the nursing student, who was engaged in activities related to the provision of patient care.

The Level II and Level III nursing instructors were observed using supervised practice as a teaching technique less frequently than the Level I nursing instructors were observed using supervised practice as a teaching technique in the clinical area. These nursing instructors used supervised practice in the following number of occasions: two nursing instructors each used supervised practice on three occasions, and two nursing instructors each used supervised practice on five occasions. The researcher also found that all nursing instructors used supervised practice as a teaching technique when teaching nursing students, who were in the first half of their clinical rotations.

Adler (1982:17) identified supervised practice as a means of achieving the goal of development of the intellectual skills and the skills of learning, which he described as habits that are formed and acquired through coaching. According to Adler, habits can be formed only by the repetition of right acts and the elimination of the wrong acts which occurs through the process of coaching.

Brown (1981:13) found that nursing students perceived nursing instructors as effective when the nursing instructors provided nursing students with supervision and help in new situations without taking over, and when nursing instructors demonstrated self-control, co-operation, and patience. These characteristics were found to be more important to the nursing student group than to the faculty group in Brown's study.

Active Participation as a Teaching Technique

The researcher observed the nursing instructors' using supervised practice as a teaching technique during the interactions with nursing students and, on some occasions, the nursing instructor was observed participating in the activities of providing patient care with the nursing student. This teaching technique was identified as active participation. The nursing instructor was identified as using active participation as a teaching technique when the nursing instructor was observed to be participating in activities related to providing patient care at the patient's bedside or in areas on the nursing unit where the nursing student and the nursing instructor were preparing to provide patient care. The teaching technique, active participation, was identified as occurring when the nursing instructor engaged in nursing practice activities in the presence of the nursing student.

All Level I nursing instructors and all less experienced nursing instructors used active participation as a teaching technique during the clinical observation period. The four Level I nursing instructors were observed using active participation as a teaching technique in the following frequencies: one nursing instructor used active participation on four occasions, two nursing instructors each used active participation on five occasions, and one nursing instructor used active participation on nine occasions. The seven less experienced nursing instructors were observed using active participation as a teaching technique in the following frequencies: one nursing instructor used active participation on two occasions, one nursing instructor used active participation on three occasions, two nursing instructors each used active participation on four occasions, one nursing instructor used active participation on five occasions, and one nursing instructor used active participation on ten occasions.

Adler (1982:17; 1983:36), indicated that active participation was a means by which the goal of improved understanding of ideas and values could be achieved. In active participation, the student and the teacher are considered as equals, and the students move towards understanding better what they already know and appreciating more of what they have already experienced. This student and teacher relationship is similar to the junior-senior partnership which Wong and Wong (1982:532) described as existing in clinical teaching in nursing.

Stuebbe (1980:4) indicated that a large part of the nursing skills and behaviors learned by nursing students is related to the behaviors they observe in their nursing instructors, their primary role models. According to Rauen (1974:38), the principle that one learns by example has received general acceptance and is basic to the concept of the role model, which is important in facilitating the nursing student's socialization into the new role of a nurse. Rauen (1974:37) found that nursing students expected their clinical instructor to be a role model. In this study, a role model was defined as an effective nurse and measured by the nurse role characteristics. Rauen (1974:38) also concluded that nursing students perceived their clinical instructor's nurse model role as an essential influence on their learning the nurse role. As a result of these findings and conclusions, Rauen (1974:38) recommended that nursing instructors needed to be aware of the role model they conveyed to students and recognize that nursing students tend to emulate what they see their nursing instructors doing. She also recommended that nursing instructors should not expect more of a student than the nursing instructor herself is prepared and willing to give in a nursing situation.

Zimmerman and Waltman (1986:33) reported that the studies conducted by Rauen (1974), Stuebbe (1980), and Kiker (1973) all concluded that a large part of nursing skill and behavior learned by nursing students is directly related to the behavior the nursing students observe in their nursing instructors. Brown (1981:14) also indicated that the nursing instructor, as a role model, must establish therapeutic relationships with patients and demonstrate an understanding of human behavior and the communication process. Infante (1978:27) indicated that the nursing instructor's role model is that of a teacher not a nurse. Infante's description of the nursing instructor's responsibility as a role model differs from the definitions and descriptions provided by the other authors.

The teaching technique, active participation, was defined to occur when the nursing instructor was engaged in nursing practice activities of providing patient care in the presence of the nursing student. In using this teaching technique, the nursing instructor was functioning as a role model, of nurse, to the nursing students.

Activities of Assessment, Planning, and Organizing

The nursing instructors discussed their activities of assessment, planning, and organizing in clinical teaching during the interviews. The planning and organizing activities which nursing instructors were engaged in occurred during pre-conferences, patients rounds, and when the nursing instructors reviewed schedules. The following interview excerpts and clinical observation fieldnotes are provided related to the nursing instructor activities of planning and organizing in clinical teaching.

In the following interivew and clinical observation, the nursing instructors used pre-conferences for planning and organizing their clinical teaching activities:

> Nursing Instructor: Oh, no. Part of this was my pre-conference in which we go through the student's learning objectives, her schedule for the morning, her nursing care plan and any problems she may have in the morning. For example, weighing a patient we had that

> morning, or how to get a patient onto the Hoyer lift or some little problems that we discuss and then they go out and we also set times for skills when they are going to be checked. When I want them in the medication room, when I don't want them in the medication room.
>
> I: Yeah, they seemed to come as soon as you ...
>
> Nursing Instructor: Yeah, so that's all prepared, all preprogramed, maybe it's not good, so I know what I'm doing and they know what I'm doing. And that's typical of a good morning. This morning was a little bit different because some of my students weren't as well prepared as these were (Interview 22:7-8).
>
> Nursing instructor meets with nursing students in area off ward. Nursing instructor reviews the nursing students' assignments and indicates which nursing students will be supervised for mouth care and peri-care. The nursing students ask questions (unable to hear details) (Observation 15:1).

In the next interview excerpts, the nursing instructors discussed their activities of planning and organizing by making patient rounds.

> Nursing Instructor: ... First thing in the morning I go and find out who their (referring to nursing students) patients are and I get what we are going to do for the day, so it is busy until 0830 (Interview 29:11).
> Nursing Instructor: I think it was pretty usual. I generally start in the morning and go around and see how the patients are, and that the students are getting set up and then for the first week what I had done was just done spot checks on them (Interview 30:2).

In the next interview excerpt, the nursing instructor discussed her reviewing of the procedure schedule as her method of planning and organizing her activities in clinical teaching.

> Nursing Instructor: I checked the (procedure schedule), the students' names written on the schedule, and also to see what (areas) the students are assigned to, but also to see which (activities) are going on, and which (activity) I would expect that a student would be participating in, so I could head there first (Interview 17:1).

In the next interview excerpt, the nursing instructor commented on her activities as documented in the fieldnotes and indicated that in this situation no planning occurred related to her clinical teaching activities.

> Nursing Instructor: The amount of time that I had to move about in that period of time, and none of this was planned. This is the other thing you can pace yourself when things are all equal and very routine, but when you've got situations like this where the patient stops breathing and another patient spikes a temperature, I mean that is not written anywhere. You've got to act and that is all there is to it (Interview 21:9).

The nursing instructors identified their activities of assessing the nursing students in the next two interview excerpts.

> Nursing Instructor: All I was doing was basically asking them (nursing students) for was an up-to-date assessment of what was happening with their patients so that I could see they knew what was going on (Interview 13:1).

> Nursing Instructor: That is why I am always jotting down, (unable to hear) ... like today I was trying to listen to them (nursing students), then I take a concise notes and that way it sort of allows me to assess the student rather than what she is always (unable to hear), if I am writing what they are telling me, I'm assessing in my mind, but I'm not writing it (Interview 18:2).

Limited Knowledge of Clinical Teaching

During the interviews, three nursing instructors and the participants of the brainstorming session identified their limited knowledge of other nursing instructors clinical teaching techniques. The following interview excerpts in which the nursing instructor's describe their limited knowledge of other nursing instructor clinical teaching technique are provided.

In the first interview excerpt, the nursing instructor described her discussion with the nursing students regarding the researcher's presence in the clinical area.

> I told them (referring to nursing students) that you were coming yesterday. I said that you were coming to observe clinical teaching. I told them that they experienced many instructors and teaching styles, but instructors only know their own (Interview 20:1).

During Interview 28, the nursing instructor was reviewing the fieldnotes of the observation and made the following comments regarding her method of teaching in the clinical area.

> Nursing Instructor: I feel compelled to do that, I don't know if everyone does that but I feel compelled to know what the person's intravenous and site looks like ... (Interview 28:8).

In the next situation, the nursing instructor described her first year as a nursing instructor.

> Nursing Instructor: I found going into the clinical area last year there was a real lack of guidelines in terms of what I should or shouldn't be doing with the students and nobody could give me any definite sort of answers as to this is what you do with the students. You take them on, this is how you supervise them, this is how you divide up your time, this is now you assign patients to the students and I found that it is much easier this year because I sort of have in my mind what I'm doing with the students. But I found last year because of the lack of information and the lack of guidelines, it was very, very stressful going onto the units and not knowing whether I was doing what I should be doing with them and even this year I'm not sure that I'm doing things that I should be doing with them. I know there are certain things that must be accomplished with the students, but there is a real lack of guidelines as to why we are all doing this, this, and this or why we are sorting out our time this way, this is now you supervise students on a ward, and their just aren't any specific guidelines for that. So it's kind of like you go in and you hope that you are supervising in a manner that will be beneficial to the students, so that they learn their skills and learn how to interact with patients.

> I: Are you talking about the norms, for (nursing instructors in your level are) expected to, so you would do it this way, all ... of you expect the same things, or it's normal for all ... of you to do so much?
>
> Nursing Instructor: Yeah, that is it exactly. It is I'm just not sure what the other instructors are doing in supervising the students as opposed to what I'm doing in terms of feedback we are giving, the type of patients that we are assigning. I guess that gets, a little its not really frustrating this year, as I say because I have gone through it before. But I think last year I was sort of frustrated because I wasn't sure whether I was being consistent with the rest of the group and this year I still don't know but because I'm more familiar with the program, with the students, what their capabilities are, what my capabilities are, then it's easier to progress through because I have sort of worked out in my own mind what I want to do with that. Little things, even as how much patient research. I know last year I went up to do my patient research it took me an entire day and (my colleague) was just about popped out of her head and asked me what I had been doing. Basically, I had gone through the kardex and had chosen patients that I thought would be good and also extra patients and had gone through all of their charts and it had taken me an entire day, and I just had a massive headache and was incredibly overwhelmed after that. Whereas, this year I realized I don't have to do that, I need to go through the Kardex, pick appropriate patients, and just pick up the prime material that the ... level students need and it took me all of one hour and a half to do it this year, which is such a big change. But I guess it was through misunderstandings and not knowing my role exactly how it should be in the clinical area that made that extra effort something that I had to go through last year, but it was really nice because I could relate it to (another nursing instructor) this year and tell her don't do that, this is all you have to do (Interview 30:9-12).

During the brainstorming session, Pat, one of the participants, who was a former diploma nursing program instructor and currently teaching in a baccalaureate degree nursing program, expressed the following about clinical nursing teaching.

> Pat: I think another frustrating part about clinical nursing, there is nothing as far as data to back up why we do a lot of these things in nursing. It's really

anecdotal. Like why do we have six, eight or ten students per instructor? Is it better to have consecutive days or spread out days? What's the number of hours? Again, it boils down to strategies, again, how we teach is strictly anecdotal, we don't have any data to back us.

I: So, essentially what we have done has worked till now so we continue doing it.

Pat: That's right. When do we start clinical experience in a program and what kind of clinical experience, and not to mention getting into the evaluation aspect, as Ann mentioned, your strategies change as the student progresses throughout the rotation and there is always the question when do you stop guiding and start evaluating?

I: What's learning time compared to evaluation time?

Ann: Instinctual (Group Interview 4:16).

The nursing instructors' limited knowledge of other nursing instructors' teaching techniques and the nursing instructors' limitations regarding exposure to other nursing instructors in the clinical area was identified by Karns and Schwab (1982:43), who stated that clinical nursing instructors have a tendency to practice alone and without peer support and supervision.

Summary of Nursing Instructor Teaching Techniques

The theme of nursing instructor teaching techniques emerged during the early stages of data collection and data analysis. Five teaching techniques: questioning, telling, discussion, active participation, and supervised practice were identified. Following each clinical observation of the nursing instructors, the researcher prepared fieldnotes of the observation. The fieldnotes were reviewed and the nursing instructor's use of the teaching techniques was tabulated for each clinical observation. Following the completion of the clinical observations of all the nursing instructors in the study, the five teaching techniques were tabulated according to the following: use by nursing instructors according to nursing program level, use by nursing instructors during the first half and last half of the clinical rotation, and use by nursing instructors with two or less years of employment and six or more years of employment in their current position in the nursing program. The five teaching techniques were defined and examples were provided from the fieldnotes of the clinical observations. The observations of each of the teaching techniques were presented according to the seven categories identified in the nursing instructor group. In the discussion section of the chapter, the five teaching techniques were presented and related to findings identified in the literature review.

The following findings regarding the nursing instructors' use of the five teaching techniques in their interactions with nursing students in the clinical component of the nursing program were identified. Questioning was used as a teaching technique at a frequency ranging from zero to twenty three. The Level II nursing instructors were observed to use questioning more frequently than other nursing instructor groups. The Level II group of nursing instructors used questioning at a frequency ranging from eight to twenty three.

The use of telling as a teaching technique by nursing instructors ranged from one to nineteen occasions. Nursing instructors used telling at the same frequency, one to nineteen occasions, during the first half and the last half of the clinical rotation. Level III nursing instructors used telling less frequently than the other nursing instructor groups.

Discussion was used as a teaching technique by the nursing instructors at a frequency ranging from zero to nine. All nursing instructor groups were found to interact with nursing students and not use discussion as a teaching technique in the clinical teaching component of the nursing program.

The nursing instructors were observed using supervised practice as a teaching technique at a frequency ranging from zero to five. Level I nursing instructors used supervised practice more frequently as a teaching technique than the other groups of nursing instructors.

Active participation was used as a teaching technique by nursing instructors at a frequency ranging from zero to nine. The Level I nursing instructors and the less experienced nursing instructors were identified as groups which used active participation as a teaching technique more frequently than the other nursing instructor groups.

The nursing instructors' discussions of their activities of assessment, planning, and organizing in clinical teaching, and the nursing instructors limited knowledge of other nursing instructors teaching techniques were also presented as identified by the nursing instructors.

CHAPTER VII

CLASSROOM TEACHING AND CLINICAL TEACHING

Introduction

The nursing instructors and participants in the brainstorming session referred to classroom teaching and clinical teaching during the interviews and the clinical observation period. During the discussions of classroom teaching and clinical teaching, the nursing instructors and the participants of the brainstorming session described classroom teaching and clinical teaching. The nursing instructors made references to classroom content in the clinical teaching component of the nursing program. The references to classroom content occurred during the nursing instructor interactions with nursing students in the clinical area. The classroom teaching and clinical teaching references by the participants in the brainstorming session and the nursing instructors are described and discussed in this chapter.

Brainstorming Session Participants' Descriptions of Classroom and Clinical Teaching

The three participants of the brainstorming session described classroom teaching and clinical teaching during the interview with the researcher. The following interview excerpts include the participants' descriptions and discussions of classroom teaching and clinical teaching.

Sue: I have to get my thoughts together. I guess I see clinical teaching very much as role modelling for the students or graduate nurses that you're working with. And, indeed, what it is to me as well, is that it's really operationalizing the theory. Applying theory to practice and the role modelling comes in at that case because as you are applying the theory to practice as an instructor, you are showing the student how to do it.

I: Ann, did you want to add to that?

Ann: Well, the thought that came to mind when we were talking initially was similar to what Sue has just said. The importance of applying what has been learned in the classroom situation to the practical experience, theory to practice again.

Pat: I agree with the role modelling aspect but I think it goes beyond being a role model as well to develop those skills in the student.

I: The skills of nursing (pause)

Pat: Objectives of the program, appropriate clinical nursing skills.

I: So, skill development as well. ~~So~~, essentially we have looked at role modelling, applying theory into practice, and development of skills in beginning learners and even graduates for that matter, right?

Sue: That's right. I think it would be both. Indeed, I guess what I was saying when I was using the term role modelling, I was taking that one step further, showing them how to do it, and then actually getting them to do it.

Ann: It also gives the student a chance to apply the theory to different situations in the clinical setting, a variety of circumstances, and variety of patient conditions.

Sue: Hopefully, as well, it should reduce some of the stress.

I: The stress related to (pause)

Sue: The stress related on the part of the student, the stress that the student is experiencing in a new situation and if the instructor is there, I think it helps them over the initial handicap.

Pat: I think you are helping the student to learn to apply the nursing process but, as well, to integrate at various levels, assist the student as well.

I: And would that be dependent on the level of the student as well, or (pause)

Pat: Yeah

I: So you would take those factors into consideration. I guess, in nursing too we often find that our nursing programs are set up, and you have mentioned it too, class theory and practice and the application of theory into practice. Do you see distinct differences between classroom teaching of a nursing instructor as compared to clinical teaching?

Ann: I think the strategies would be different.

I: In classroom teaching as compared to clinical teaching?

Ann: Classroom teaching would probably be influenced by the size of the group that you have. Larger groups being primarily lecture, smaller groups being a bit more interaction. But I think in the clinical area there are different strategies that come into play.

Sue: Certainly the problem solving is what's so much easier in the clinical situation. You really don't get into that in a lecture.

I: The lecture wouldn't lend itself to that?

Sue: The lecture wouldn't lend itself to that.

Pat: I think they are two different related things. There is certain content and things that you develop in the classroom so, therefore, you use different strategies to help the student learn. Whereas, when you're in clinical, certainly it's not separate. But again, it's different content things and so, therefore, again your developing and using different strategies to help the student learn.

I: As instructors in the clinical area, did you find that you were different than you were as instructors in classrooms? For example, were there any things that were different because of the presence of the patient or anything?

Sue: Certainly. The patient introduces another dimension that you don't have in the classroom and the patient has to be very much considered. I think it's really important as the instructors in the area to prepare the patients for the students' coming to look after them. As well, there is a lot of one-to-one in the clinical that we certainly don't have in the classroom.

Pat: The context is totally different.

Sue: The whole context is different.

Pat: So, therefore, again your strategies change.

I: They change to reflect the context in which you are working?

Ann: I think the one-to-one interaction that Sue was talking about is really important. In fact, I'm wondering if most clinical instruction doesn't take place on a one-to-one basis, incidental one-to-one interaction.

I: When you think of your own experiences as instructors, is that what happened? That you were doing in while clinical teaching did you interact with students predominatly on a one-to-one basis, Ann?

Ann: Yeah. Aside from maybe a group interaction at one point in a day, the majority of the activity was definitely on a one-to-one.

Sue: It also depends on the number of students and the level of student that you're dealing with. You might be able to do more group with your junior basic student. As you get into a more complex procedure, you are pretty well one-to-one.

I: Do you find the same, Pat?

Pat: Again, probably using much more different and varied strategies, I find that in the clinical area again the context really defines it. Because in the classroom say if you've got one hundred students, you are pretty well confirmed to using more of a deductive method, information imparting. Unless you're fortunate enough to have a smaller seminar group of ten, then you can get into more inductive type of methods of learning. Whereas, in the clinical area, you can use both. There might be an emergency where you have to do more, give them information to act. Whereas, in other circumstances, it's more varied in the clinical area (Group Interview 4:2-6).

Sue: I think it can be a problem becau~~se, and~~ indeed probably, an instructor has to be extremely adaptable and flexible because the patients change, the staffing requirements change and then you're trying to superimpose your students on that system and it can be very frustrating at times and I don't think there is any question, at least in my experience it has been. And you know you have to adapt because the patient care needs on the unit must come first but it can be really hell. Now I'm going to do this and this with the students today and all of a sudden I find I can't do that because this and this has changed. It's extremely important that people be flexible but it's no way that it cannot be frustrating at times because we do need some kind of a plan.

I: And have a plan but not necessarily be able to follow it through.

Sue: Yeah, yeah.

I: Do you think that's unique to clinical teaching? Would that happen to you in the classroom or do you see that as standard occurrence?

Ann: Probably plans in the classroom can be made concretely a fair bit ahead of time depending on how you've organized yourself to prepare. I guess you can have some general objectives that are fairly concrete in the clinical setting but as to whether or not you will be able to achieve them on a particular day, at a particular time is questionable.

I: Sue, in classroom teaching do you recall having the same need to be flexible and adaptable as you do in clinical teaching?

Sue: Definitely not. I found in the classroom I knew what I could do. I would do up a lesson plan and knew I was going to get through that. The only flexible area there was in relation to the questions the students would have that could perhaps be an uncontrollable variable but otherwise it was pretty structured. Whereas, in the clinical environment, I found a lot of change that I had to adapt to on a consistent basis. So it was quite different and I think sometimes that part is really hard on instructors to make that change if they have taught a lot in the classroom and move into the clinical. Sometimes a

> hard move because you don't have the control that you had (Group Interview 4:11-12).

In the above interview excerpts, the participants described clinical teaching as different from classroom teaching with respect to: 1) the teaching strategies used, 2) the content, and 3) the context. In clinical teaching, theory was described as operationalized, that is, theory was applied to practice. Through the application of theory to practice, the nursing students developed clinical nursing skills and learned to apply the nursing process. The teaching strategies used by nursing instructors included both deductive and inductive methods of teaching and problem solving, which involved one-to-one nursing instructor and nursing student interactions and small group interactions. Nursing instructor flexibility was identified as a requirement, for the clinical teaching environment was not controlled by the nursing instructor. The presence of the patient and the changing nature of the clinical area were identified as factors which must be considered by the nursing instructor when planning for clinical teaching. The nursing instructor's responsibility as a role model was also discussed as related to clinical teaching.

Classroom teaching was described as structured and nursing instructors could formulate specific, concrete lesson plans which could be adhered to. In classroom teaching, flexibility was required only to address nursing students' questions, this was considered to be the uncontrolled factor in classroom teaching. Classroom teaching strategies were described to be influenced by the size of the class. In large lecture classes, such as, one hundred students, the deductive method of teaching was identified as the common teaching method. In smaller seminar groups, such as, ten students, the nursing instructors used the inductive teaching method. The content of classroom teaching was identified as the theoretical component of a nursing education program.

Nursing Instructors' Descriptions of Classroom and Clinical Teaching

The nursing instructors were observed referring to classroom content during their interactions with nursing students in the clinical area. During the interviews with the researcher, the nursing instructors discussed classroom teaching and clinical teaching. The interview excerpts and fieldnotes of the clinical teaching observations in which the nursing instructors related to classroom teaching and clinical teaching are provided in the following sections.

In the first interview excerpt, the nursing instructor stated that in the clinical area the nursing instructor assessed the level of the nursing student based upon the knowledge of the content which the nursing instructor had taught the nursing student. In this situation, the nursing instructor stated that the content was presented during the orientation to the clinical area.

> Nursing Instructor: The way I teach them, I know what I have taught them already and I sort of figure out what stage they (nursing students) are at and I know what they have (participated) in before, so I let them go ahead and do it or I question them on what do you think (the physician) may need next (Interview 17:5).
>
> The teaching technique in which the nursing instructor questioned the nursing student was discussed by the nursing instructor and the researcher.

> Nursing Instructor: In orientation I show them the various (procedures) and they have (references) in which the procedures are illustrated, so they (nursing students) know the procedures (Interview 17:6).

In the next clinical observation fieldnotes excerpt, the nursing instructor referred to classroom content during her discussion with the nursing student. The nursing instructor also referred to this portion of the fieldnotes of the clinical observation during the interview. The excerpts of the fieldnotes of the clinical observation and the interview are provided.

> Nursing Instructor: What about her diet?
>
> Nursing Student: Cheese, wine, the patient finds it hard to avoid these during the holiday season. Something about sodium ... (student hesitates)
>
> Nursing Instructor: Look up (refers to another nursing instructor) sheet about binding and non-binding. What is it that didn't bind (Observation 8:2)?

The sheet referred to in the above situation was distributed to the nursing students during a class. In the interview which followed the above clinical observation, the nursing instructor discussed this situation.

> Nursing Instructor: We have to draw from the knowledge we learn in the classroom, like say for example that patient that was on (that medication) ... (Interview 18:6).

This nursing instructor also indicated that in the classroom setting the nursing students were not known to her on a "first name basis" for the class size was larger than the clinical group size (Interview 18:7).

In the next excerpt, the nursing instructor discussed a cultural difference, which was previously presented in a class.

Nursing Student: Uncover the patient, which I did, but the (patient's family member) keeps covering the patient.

Nursing Instructor: That's cultural, as discussed in class, oriental people cover the patient, this is hard for them to understand (Observation 9:2).

The nursing instructor in the next interview excerpt described classroom teaching and clinical teaching in the following manner.

I: May I just clarify that a bit, in nursing, in your position you do classroom teaching and clinical teaching. Are there certain things that happen in each environment, and are there characteristics of clinical teaching that you feel are unique to clinical teaching, or special, or whatever word you want to use?

Nursing Instructor: I don't know, I think as an instructor having taught in the classroom and then having the opportunity to supervise those same students clinically helps me to see how they are able to apply the classroom content to an actual situation on the ward. It also ...

I: You made reference to that too (referring to fieldnotes) remember when you said we talked about the orientals.

Nursing Instructor: It follows.

I: It followed (we refer to the fieldnotes).

Nursing Instructor: It followed, and also when she was drawing up medication. Covering child (referring to above fieldnotes). I try and make a point of tying the classroom to the clinical setting so that they can see the relevance and the importance of their classroom content. Maybe not in my rotation, but when they leave me then maybe they will remember that gee, if they are teaching it in the classroom then it has very relevant meaning for when they are going to be working in the clinical area in the next rotation after they have left me. And somewhere along the way if it's reinforced enough then maybe it's going to stick and have some meaning for them.

I: It seemed that the students seemed to understand the relevance because they referred to the classroom, in two situations.

Nursing Instructor: And it works both ways because when you're in the classroom, you're going to be giving examples

> as to how that applies in an actual situation in the classroom, that I tend to do all the time in the classroom. I think probably most people do it, but again never making a separation showing the relevance of one to the other (Interview 21:6-8).

In the following interview, the nursing instructor described clinical teaching as the application of classroom theory to practice in the clinical area. In this interview, the nursing instructor described her activities in the clinical area as related to the classroom content.

> Nursing Instructor: The students have left basic nursing care now, their passing medications and applying their theory from classroom on respiratory disease to the clinical area and I try to bring that in, and that's why my assignment was like that, my post conference is all in that.
>
> I: So they have finished all the classroom content on these patients' that they have taken care of?
>
> Nursing Instructor: Yeah, as of Friday they will be finished.
>
> I: So, in the clinical area, what you are saying is that you are applying the classroom theory into practice.
>
> Nursing Instructor: Exactly, and we pick up all the threads, what the patient feels like, what type of patient the patient is to nurse. The C.O.P.D. patient, how hard it was to plan the care, because the patient doesn't want to do it because he is too tired, exhausted (Interview 22:9-10).

In the next clinical observation fieldnotes excerpt, the nursing instructor referred to the classroom content when she was questioning a nursing student.

> Nursing Instructor: ... we talked about it in class, when she comes to you complaining of a headache because she violated her diet, what would you do (Observation 12:5)?

In the next interview excerpts, the nursing instructor described the differences between classroom teaching and clinical teaching.

> I: You teach these students in the classroom, as well as, in the clinical area.
>
> Nursing Instructor: Yes
>
> I: Do you find a difference in the classroom as compared to clinical teaching?
>
> Nursing Instructor: Yeah, I do. The clinical is more a well practical aspect they are more nervous about it. They are working with people and, I guess, because we are working with real people I'm probably a little bit more strict in that area and watching how they are interacting with their patients. The thing that I promote most is safety in the area in this point in time. Whereas, in the classroom there is more of a formal setting you can't sit down. In post conferences in the clinical area, we can sit down and discuss feelings a lot more than actual skills. Whereas, in the classroom, it's more of a formal setting and I talk to them and try and get some discussion but a lot of time it's more me talking with them on a lecture basis. And I enjoy both of them but they are sort of different components (Interview 30:5-6).
>
> Nursing Instructor: But at first it can be very confusing. I thought, in the classroom there is very strict guidelines. You have objectives to follow and that is exactly what you are teaching. That is how it is laid out, but in the clinical area, the objectives may be more vague or you may have specific things to accomplish but a variety of ways to go about accomplishing them. It is a little bit more of a grey area than a classroom is (Interview 30:13-14).

During the clinical observations, three nursing instructors made specific references to the classroom content when interacting with nursing students in the clinical component of the nursing program (Observations 8, 9, 12). The nursing instructors identified differences in classroom teaching and clinical teaching. Classroom teaching was described as formal and structured, clinical teaching was identified as different, due to the variability which occurred in clinical teaching. The nursing instructors identified clinical teaching as including interactions between the nursing instructor and the nursing students. One nursing instructor indicated that in clinical teaching she knew the nursing students by name, on a first name basis. A nursing instructor, in Interview 21, described classroom and clinical teaching as related, for in the classroom one draws on clinical situations and in the clinical area one draws on the classroom content.

Discussion of Classroom Teaching and Clinical Teaching

The classroom teaching and clinical teaching was identified in the interviews and clinical teaching observations conducted by the researcher. The nursing instructors in the study and the participants in the brainstorming session were all experienced in both classroom teaching and clinical teaching. The researcher observed the nursing instructors referring to classroom content during their interactions with nursing students in the clinical component of the nursing program. During the interviews with the nursing instructors and the participants in the brainstorming session, references were made to classroom and clinical teaching.

According to Wong and Wong (1980:531) and Wiedenbach (1969), clinical teaching was identified as an extension of academic teaching. Clinical teaching was differentiated from academic instruction for the former enables the student to apply learned knowledge to the clinical areas, whereas the latter process enables the students to assimilate, understand and store the essentials of the subject matter for future use. Nehring, Durham, and Macezk (1986:24) identified a reciprocal relationship between theory and practice, in that theory arises from the practice and returns to explain and validate that practice. Clinical experience was described by Park (1982:7) as providing opportunities for nursing students to integrate classroom theory and laboratory skill. The relationship between classroom teaching and clinical teaching related to the operationalizing of theory was also described by the participants in the brainstorming session and the nursing instructors during the interviews. During the clinical observations, the researcher observed the nursing instructors referring to previously taught classroom content during their interactions with nursing students.

Bevil and Gross (1981:658) viewed clinical experiences as complementary to classroom learning and as essential for the preparation of qualified professional practitioners. Clinical experiences were viewed as opportunities for nursing students to integrate learning, apply theory to practice, acquire psychomotor skills, and make the transition from nursing student to a professional person. The participants in the brainstorming session also identified: 1) the application of theory to practice, 2) the development of clinical nursing skills, and 3) learning to apply the nursing process as components of clinical teaching. This complementary relationship which was identified related to the classroom and the clinical environment was discussed during an interview, when the nursing instructor related the nursing students' patient assignments to the classroom content completed by the nursing students (Interview 22). During Interview 21, another nursing instructor described classroom teaching as relevant to clinical teaching and clinical teaching as being relevant to classroom teaching.

Wong and Wong (1980:533) identified clinical teaching as less structured than classroom teaching. The participants in the brainstorming session also identified classroom teaching as structured. This structure in classroom teaching enabled the nursing instructor to plan classroom content in advance and more definitively than clinical teaching content. By comparison, nursing instructors in clinical teaching were identified as requiring flexibility, for the clinical teaching environment could not be controlled by the nursing instructor due to the presence of the patient and the varying nature of the clinical area. During the interviews, the nursing instructors also described the classroom teaching environment as formal and structured. The clinical teaching environment, by comparison, was comprised of interactions between nursing students and nursing instructors to a greater extent than classroom teaching. One nursing instructor indicated that in clinical teaching she communicated with the nursing students on a first name basis, this did not occur in the classroom teaching environment.

The participants in the brainstorming session identified differences in teaching strategies as occurring in classroom teaching and in clinical teaching. Teaching strategies used by nursing instructors involved in clinical teaching included inductive and deductive teaching methods. In classroom teaching, the predominant teaching method was identified as deductive, for often information was provided to the nursing students by the nursing instructors.

Classroom teaching was described as different from clinical teaching due to the teaching strategies used, the content, and the context in which the teaching occurred. In the nursing instructor evaluation literature, Allbritten, Megel, Buckley, Scalone, and Panwar (1983:298), stated that initially in developing a faculty peer review tool, the committee intended to develop a tool which was general and would include the classroom and clinical area. However, following a trial period, the faculty recommended that separate tools be used for clinical, lecture, and seminar reviews. These separate tools were identified as requirements due to the differences which exist among classroom teaching, clinical teaching, and seminar teaching methods.

Norman and Haumann (1978:33), who developed a model for judging teacher effectiveness, reported that in the classroom and clinical teaching environments, the nursing student, who is the recipient of the teacher's efforts and teaching methods, is the best judge of the teacher's effectiveness despite the differences which occur in each teaching environment.

Karns and Schwab (1982:42) identified a limitation in teacher preparation programs. The content is usually related to classroom teaching methods and procedures to document students' clinical behaviors, and the use of interpersonal skills and other clinical teaching techniques are not sufficiently explored in the educational programs.

Summary of Classroom Teaching and Clinical Teaching

Classroom teaching was described as different from clinical teaching with the respect to the teaching strategies used by nursing instructors, the content, and the context in which each type of teaching occurs. Clinical teaching was described as: 1) including more nursing instructor and nursing student interactions, 2) as informal and less structured than classroom teaching, and 3) as requiring nursing instructor flexibility. The teaching techniques included in clinical teaching included inductive and deductive methods, whereas, classroom teaching included the presenting of information to nursing students by the nursing instructor.

Despite the differences identified in classroom teaching and clinical teaching, a reciprocal relationship was described as existing between classroom teaching and clinical teaching. This reciprocal relationship exists for nursing theory presented in classroom teaching is applied in nursing practice in clinical teaching. The nursing theory was described as enhancing the practice of nursing and the nursing practice enhanced nursing theory, for the practice of nursing validated the nursing theory. In this study, nursing instructors in their interactions with nursing students in the clinical area were observed referring to specific classroom content which was taught by the nursing instructor or another colleague in the classroom component of the nursing program.

The nursing instructors described their expectations and clinical assignments for the nursing students in the clinical area as being based on the nursing instructor's knowledge of the classroom and orientation content presented to the nursing student. The theoretical content presented in the classroom component of the nursing program provided the foundation, and may be considered as a prerequisite for, the clinical teaching content of the nursing program.

CHAPTER VIII

NURSING INSTRUCTOR REACTIONS TO THE STUDY

Introduction

Between January and November 1986, the researcher observed fifteen nursing instructors in the clinical teaching component of a diploma nursing program. Ten of the fifteen nursing instructors were interviewed following the observation of the nursing instructor in the clinical area. The nursing instructors' reactions to the research study, which were presented during the interviews, are described and discussed in this chapter. This chapter is divided into four sections. In the first section, the nursing instructor reactions to the fieldnotes of the clinical observation are presented. The second section contains the nursing instructors' reflections. The nursing instructor reactions to the researcher are reported in the third section. In the final section, a summary of the nursing instructor reactions to the study are presented.

Reactions to the Fieldnotes of the Clinical Observations

Ten nursing instructors reviewed the fieldnotes of the clinical observations which were prepared by the researcher. One nursing instructor reviewed the fieldnotes at the time of the interview. The remaining nine nursing instructors were provided with a photocopy of the descriptive portion of the fieldnotes prior to the interview. The nine nursing instructors who received a photocopy of the fieldnotes prior to the interview reviewed the fieldnotes privately and brought the photocopy of the fieldnotes to the interview. The interview commenced with the researcher asking the nursing instructor about the fieldnotes of the clinical teaching observation.

The following interview excerpts in which the nursing instructors discussed and commented on the fieldnotes of the clinical observation are provided.

> I: Did you had an opportunity to review those notes?
>
> Nursing Instructor: Yeah
>
> I: Is that what actually happened or were there things that I missed or anything? We will change them if that is ...
>
> Nursing Instructor: No. Actually, I couldn't believe how you had remembered a lot of this conversation and as to what was going on (Interview 17:1).

In the next interview, the nursing instructor corrected the name of the staff member and the spelling of the medication.

> Nursing Instructor: I got this (photocopy of fieldnotes) today from you so what I did, even though I could have written in there, I wrote on these little yellow slips first.
>
> I: You didn't want to write on top of my stuff?
>
> Nursing Instructor: I didn't know whether you wanted me to write in here or scratch things out in here. I would say that the main gist of things, just as I've gone through it, is pretty correct and just some areas, which social worker ____ ... I hope I said ____ . You did quite well for not having a tape recorder. I'm sure there are spots in there I probably added or had taken away, but you got the main gist of it (Interview 18:1).

The following discussion occurred near the end of the above interview with the nursing instructor.

> I: What do you think about me giving you back what I recorded?
>
> Nursing Instructor: It's documentation and showed to me that with documentation you have to do it right away or else you forget a lot. And there were little parts that I might have said it differently but you could only have it more accurate by having it recorded and copying it. But I was surprised how much you did pick up. When you said you took a few notes, you took it word for word almost (Interview 18:17).

In the next interview, the nursing instructor stated that the fieldnotes reflected the occurrences of that morning. Later in the interview she said that the fieldnotes described the verbal interactions between the nursing student and the nursing instructor.

> I: Did you feel that generally that is what happened in the clinical area?
>
> Nursing Instructor: I think generally, considering short of having a tape recorder with you, you can't. Because so much happened, you can't possibly recall it all. But, I think, in essence, that is the way the morning went at that point in time (Interview 21:2).
>
> Nursing Instructor: As I read the documentation, I wondered if you were looking at the verbal interaction between the student and instructor, or if you were actually seeing how much time the instructor spends in the clinical area, or whatever (Interview 21:4).

In the next interview, the nursing instructor described the fieldnotes of the clinical observation as detailed and accurate.

> I: Thank you for reviewing that (referring to fieldnotes). I slipped a copy of that under your door this morning. Those are the notes I took for the time I was with you. Basically, what I tried to do was capture what was happening when I was with you. I want to talk about them and make corrections or additions of things I missed and so on.

> Nursing Instructor: Do you want me to respond to every paragraph or just generally?
>
> I: Just generally. Is that what you thought was happening in that one half hour?
>
> Nursing Instructor: I was guite impressed that in that one half hour, without taking notes, to me it's accurate. That you had got the students' names, you got the medication room, you got what I said right down to a "T", because I always use "very", even to the point where I squatted. Did I really do that (Interview 22:1)?

During the next interview, the researcher sought clarification of the staff members the nursing instructor interacted with and asked the nursing instructor about her reactions to the information.

> I: One of the things I wasn't clear about, they were two different registered nurses - that one you gave the keys to and to the other one you talked about the patient's concerns.
>
> Nursing Instructor: They were the same person. She happened to be the nurse who was in charge on the desk yesterday because the unit supervisor was away.
>
> I: Okay. So that's the same person. Anyway, do you have any reactions to the information?
>
> Nursing Instructor: I'm amazed how much you can get down and follow through. It said to me that you must have had practice doing this (Interview 28:1).

In these last interview excerpts, the nursing instructor described the fieldnotes as objective, and stated that she was surprised at the researcher's recall of the events. The specific nursing instructor's comments are provided in the following interview excerpt.

> Nursing Instructor: That's what I appreciate, because it is objective. There is nothing subjective in it - I did this, I did that. So, then I can see for myself what exactly I did (Interview 29:1).

> Nursing Instructor: I couldn't believe how much you remembered (Interview 29:6).

In the following paragraphs, the nursing instructors' reactions to the fieldnotes of the clinical observations are presented.

Discussion of the Nursing Instructors' Reactions to the Fieldnotes

In the above interview excerpts, six nursing instructors described the fieldnotes of the clinical observations as detailed, accurate, and objective. The nursing instructors expressed amazement about the detail which was included in the fieldnotes and commented that the researcher had recalled the events as they occurred in the clinical area during the clinical observation period. As a result of the comments the researcher received from the nursing instructors, the researcher was satisfied that the fieldnotes of the clinical observations represented the researcher's best efforts of objectively recording the details which occurred during the clinical observation period in the clinical area.

The use of the fieldnotes provided the researcher with the details and descriptions necessary to understand the context of the clinical teaching component of the nursing program. The nursing instructors' comments regarding the accuracy of the fieldnotes of the clinical observations confirmed that the researcher's observations were authentic representations of the realities of the clinical teaching environment in the nursing program.

Nursing Instructors' Reflections

During the interviews and the researcher's analysis of the fieldnotes of the interviews, the nursing instructors were noted to be reflecting upon their clinical teaching behaviors. When reviewing the fieldnotes of the clinical observations, the nursing instructors made comments in which they described the fieldnotes of their clinical teaching observation as feedback. The nursing instructors discussed the fieldnotes of the clinical observation. They were observed to be using the fieldnotes of the clinical observation as a form of self-evaluation and they reflected upon the appropriateness of their clinical teaching behaviors. The following interview excerpts in which the nursing instructors reflected upon their actions as nursing instructors in the clinical area are provided.

In the following unstructured interview, the nursing instructor expressed an interest in receiving feedback about her clinical teaching.

> Nursing Instructor: I would really like some feedback about my teaching, evaluation of effectiveness.
>
> I: I will review what I observed with you on Monday at 1600 hours. Would you mind if we tape recorded our discussion?
>
> Nursing Instructor: No. I have never had anyone observe my teaching (Interview 12:1).

During a review of the fieldnotes of the clinical observation, the nursing instructor made the following comments during the interview, at which time the nursing instructor questioned her approach in the clinical area.

> Nursing Instructor: I guess I did say that. I wonder if that was effective (Interview 13:1)?

The researcher made no comment to the above statement for the researcher considered the nursing instructor to be providing clarification of the fieldnotes, which were being reviewed for the first time.

In the next interview excerpt, the nursing instructor was reflecting upon her own behavior in the clinical area.

> I: Did you think you did that?
>
> Nursing Instructor: I knew I did that, but I did it at the time and it's done and I don't think back to what I did. And only certain parts of what I did, do I remember. But all of this, I couldn't believe it.
>
> I: Is it of benefit to you?
>
> Nursing Instructor: Sure, it's interesting. God, I think if all of this was written down for what I do all day long, it would be just pages and pages (Interview 17:6-7).

In the following interview excerpts, the nursing instructor reflected upon her activities in the clinical area, and questioned her effectiveness related to the use of her time, energy, and approaches with the nursing student.

> I: Is there anything that you want to say about this exercise?
>
> Nursing Instructor: It was interesting to read it. You realize how much you travel and you try and cut down the amount of travel or running around back and forth unnecessarily. It was all necessary to do what we did in that hour and the one thing that becomes blatantly clear in my mind is harping back to the fact that when you've got ten students and you have a busy day like this, and you have ten students on, you have definitely earned your pennies at the end of the day (Interview 21:8).
>
> Nursing Instructor: Did I learn anything? Sure, one thing. These kinds of things don't bother me a whole lot

> because there is a reason behind it. In some ways, it is just like I used to ask the students to give me an instructor evaluation before it became a formality. Because I find I can learn something from it in the end and change things just with the feedback I get and try improve.
>
> I: This isn't intended for changing things, you understand that?
>
> Nursing Instructor: I know. But my reading through it, I look at it more critically and think what could I have done, or you hear yourself. You read the kinds of statements that you made to your student and it makes you think - now, could I have said that in a different way (Interview 21:11-12)?

In the next interview, a nursing instructor reflected upon her clinical teaching and discussed changes she should make in her clinical teaching.

> Nursing Instructor: It was good for me because I thought I'm busy this day and what I should be doing is more of what I think I should be doing. Like when the student comes out, we should discuss it and evaluate the procedure or whatever she's done. And because I sort of ..., my assignment was not heavy, but I could have done less and done more teaching. And maybe it was good for me in terms of looking at myself and my performance (Interview 22:4).

In the following interview, another nursing instructor questioned the appropriateness of her clinical teaching behaviors as presented in the fieldnotes of the clinical observation of her teaching.

> I: What about sitting down and talking about this information? How do you feel about it?
>
> Nursing Instructor: Fine, I find it particularly interesting. Am I doing the right thing or not? Is it how I feel I should be functioning?
>
> I: I can't tell you whether this is right or wrong. All I can say is this what you normally do? I guess the rightness or wrongness is something you have to identify. Did it help you any? Did you think that's what you did?
>
> Nursing Instructor: Yeah. Like I said, that is a typical day in there for me. In there, it is usually a bit more

> hectic and there is a bit more things going on (Interview 23:8).

After reviewing the fieldnotes of her clinical observation, a nursing instructor made the following comments during the interview.

> I: I didn't think of you as disorganized. Did you?
>
> Nursing Instructor: My God, I thought - am I really like this? This is the way I normally operate. I've never had an objective outsider come and look and see what actually happens (Interview 24:7).

During the above interview, the nursing instructor reflected upon her activities and wondered if she was considered to be disorganized.

In the next interview excerpts, a nursing instructor reflected on her clinical behaviors and evaluated the effectiveness of her actions. This nursing instructor also said that she recognized that the clinical observation was related to this study, however, she stated that she was receptive to being observed for she would receive feedback about her clinical teaching behaviors.

> Nursing Instructor: The thing it did to me was it made me look back at the things that we had done. One of the things that I had picked up, and I know it's an ongoing thing that I have to work on, is someplace here where I told her to turn the pole, I turned the pole. I didn't just say you can turn the pole and I showed her how to turn the pole. And I think I am the sort of person that when I go to say how to do something, I always have to demonstrate part of it and maybe I shouldn't do that. Maybe I should have just said - you can turn the pole and just let her turn the pole. Mind you, I seem to recall she had an I.V. bag in each hand (Interview 28:2)!
>
> Nursing Instructor: I think I was glad to know it was coming but not just related to your project, but that I would get some feedback. And even just reading through this, I see it as feedback that makes me think about what I was doing with the student at that time. Maybe because in my other position I hardly ever got that, and I appreciate supervision (Interview 28:9).

In the following interview excerpt, the nursing instructor discussed the appropriateness of her comments and expressed concern about the patient's interpretation of her comments to the nursing student.

> Nursing Instructor: Did I say that? Because if I did, I'm going to stop because that's kind of negative if the patient is listening (Interview 29:3).

In the next interview excerpt, the nursing instructor commented on the fieldnotes and reflected on her own clinical teaching activities.

> Nursing Instructor: I thought it was interesting to read the notes and find out everything that I had done, because you sort of forget the things that you're doing. I thought that we didn't do that much, but I guess we did, more than I thought (Interview 30:9).

In the above interview excerpts, the nursing instructors described their personal reactions to the fieldnotes of the clinical observations. The nursing instructors' personal reactions of reflection, evaluation of the appropriateness of their clinical teaching behaviors, and desire for feedback are discussed in the following paragraphs.

Discussion of Nursing Instructors' Reflections

During the interviews, nine nursing instructors described their personal reactions to the fieldnotes and the clinical observations made by the researcher. The nursing instructors' comments occurred while the nursing instructors were describing a clinical activity and, in some cases, in response to the researcher's probing question, at which time, the nursing instructor was asked to comment on the study activities.

In reviewing the comments made by the nursing instructors, the researcher identified eight nursing instructors as reflecting upon their clinical teaching behaviors and evaluating the appropriateness of their specific teaching behaviors during their interactions with nursing students. Three nursing instructors referred to the clinical observation as feedback of their clinical teaching. In reviewing the nursing instructors' reactions to the study, the researcher found that the nursing instructors used the study methods as a means of analyzing their own clinical teaching behaviors. Wong and Wong (1980:536) indicated that the analysis of one's teaching is a helpful way of improving one's teaching effectiveness. The importance of becoming aware of one's teaching methods was also identified by Yonke (1978:88), who described an observational study on clinical teaching and found that teachers evaluated other teachers on the basis of their own teaching style.

Nursing Instructor Reactions to the Researcher

During the scheduled and unscheduled interviews, the nursing instructors described their reactions to the researcher's presence in the clinical area. The nursing instructors' reactions to the researcher are provided in the following interview excerpts.

The first two interview excerpts reflect the nursing instructors' comments, which occurred during unscheduled interviews. The first interview occurred two days following the clinical observation.

I: How did you find it, having me in the clinical area?

> Nursing Instructor: I didn't seem to notice you were there.
>
> In fact, one time as we were going down the hall, I heard your shoes, and you sounded like you were far behind, and I thought I should slow down for I had forgotten you were with us. You must have found it hard to follow and somewhat boring.
>
> I: I found it really interesting and the time went by really quickly.
>
> Nursing Instructor: Yes, I noticed that it seemed like you just came on and then you were leaving. The hour passed quickly (Interview 5:1).

The next interview occurred as the nursing instructor and the researcher were walking on the sidewalk to the hospital and discussing the clinical observation of the nursing instructor, which occurred in the morning of this day.

> I: How did you feel about me being in the area?
>
> Nursing Instructor: I didn't see you, so I actually forgot about you. You were always behind me, so I didn't notice you (Interview 12:1).

In the following interview, the nursing instructor commented on the effect of the researcher's presence in the clinical area on the nursing students and the patients.

> Nursing Instructor: I was actually impressed that it didn't have as much of an effect on the students as I thought it would. My big concern was the effect on the patient and it didn't seem to bother those particular patients. I think if the student and myself have already developed a good relationship with the patient and they have some trust in us, I don't think there is any problem with this (Interview 13:6).

The next interview occurred following a clinical observation in a specialized unit, in which the researcher was dressed in the same attire as the nursing students, the nursing instructor, and the staff in the unit.

> I: Do you have any comments about me being with you?
>
> Nursing Instructor: At first it did a little because I wanted to make you feel comfortable. And there are so many people in there and I was thinking - should they know who this is?
>
> I: Nobody asked me except for the two nurses. I looked like I belonged.
>
> Nursing Instructor: I think they knew you were with me. Whether they were assuming you were another student or instructor, I don't know.
>
> I: Did it bother you later on? You said initially it bothered you, or you were aware of it.
>
> Nursing Instructor: Once in awhile I would think - she is standing over there, maybe I should pull her over here with me or does she want to see what's going on (Interview 17:8-9)?

In the next interview excerpt, the nursing instructor described her reactions to the researcher in the clinical area, which included comments about the first clinical observation being cancelled, due to the nursing students and the nursing instructor leaving the clinical area.

> I: How did you feel about me coming into the clinical area?
>
> Nursing Instructor: Just knowing that you were going to be there, and on the other hand, psyching myself up - okay I can't be flustered by this, just like I'm on trial, on stage and I'm aware of this. But on the other hand, I felt I had to prepare the students, like you came one day and it wasn't the best time. So, I said - I guess I'll have to make another appointment, and the students said okay. So, I said - she will be coming another day. So when I knew that day that you were coming, I didn't panic them. I just simply said that day that you were coming. So act as you usually do and don't all run away, and don't not talk to me. Just do as you usually do and they did really well.

I: So, when I came, were they their normal selves?

Nursing Instructor: Yeah (Interview 18:15-16).

In the following interview, the nursing instructor and the researcher were reviewing the fieldnotes of the clinical observation, and the following conversation occurred.

> I: I started making notes at that point.
>
> Nursing Instructor: Actually, I thought you had left because I had my back to you. And I just completely forgot that you were there because I was so enthused about getting this done (referring to recording on the patient's record with the nursing student) (Interview 21:1).

The next nursing instructor described her reactions to the researcher's presence in the clinical area in the following interview excerpt. This conversation occurred at the beginning of the interview.

> I: Hi, (refer to nursing instructor by name). Did you have a chance to review the notes that I made? Are there any errors in what I recorded?
>
> Nursing Instructor: Well, so much happened so fast, I don't know. There is probably some things you might have missed, but I don't know what you were observing. (Laughs) You know, I felt awkward in a way, because you were standing back there and I thought maybe I should include you in this. But then I ignored you and then I didn't feel right (Interview 23:1).

In the next interview excerpt, the nursing instructor was reviewing the fieldnotes and referred to the researcher as an objective outsider.

> Nursing Instructor: ... I've never had an objective outsider come and look and see what actually happens (Interview 24:7).

During an interview, a nursing instructor described her initial apprehensions about the researcher's presence in the clinical area. Later in the interview, the nursing instructor described her changed feelings about the researcher's presence in the clinical area and described the reactions of other nursing instructors.

> Nursing Instructor: I wasn't really sure of what you wanted, to be honest. I was awake all night, I was nervous, really nervous. I didn't know what to expect and I hadn't told the students till that morning and then they were nervous. Like the gentamycin with the nursing student, she is usually well prepared, and she can tell you the side effects and everything. And she said to me yesterday afternoon - Oh (refers to own name), I know my stuff, it must just have been you there.
>
> I: I'm sorry that that happened because I try and sort of have a low profile (Interview 29:7-8).
>
> I: Did it bother you once I got there?
>
> Nursing Instructor: No. After you got there, I felt very comfortable. Like I pretended you weren't even there.
>
> I: Like, I do that too. I stand behind you so that you aren't always making eye contact with me because then you feel you should include me. So, I intentionally made a point of not being visible to you.
>
> Nursing Instructor: I felt that I should explain what I'm doing, that we've done this and this, and now we are doing that. But then I thought, at first I wasn't sure, just because I didn't know what to expect and like I said at the end of the day, I thought I missed sleep over that?
>
> I: I'm sorry that you lost sleep. Has the feedback from other people been that it is threatening?
>
> Nursing Instructor: Well, they said if you want to get rid of Helene, say you have to check charts and she leaves right away. (Researcher and nursing instructor laugh) There isn't a whole lot of observation. And I said if I had known that earlier I would have said at about ten after nine I have to check charts.
>
> I: Is it bothering people?
>
> Nursing Instructor: I said at lunch - I couldn't believe how much indepth you had gotten and how you remembered everything. And (another nursing instructor) was there and somebody else, (another nursing instructor), said - yes, their's was the same thing. They said they didn't know

> what to expect, but once you were there, it was fine. I think it was the same.
>
> I: Actually, I'm getting the same conversation from most people.
>
> Nursing Instructor: I had said to (another nursing instructor), has Helene followed you? Oh yeah, yeah. And I said - you know, I got a sheet and I have to have an interview. She said she never did that with me.
>
> I: The first five I didn't do that.
>
> Nursing Instructor: I thought - oh and I went home and thought - I wonder if she's just doing that with some people (Interview 29:14-16)?

In this last interview excerpt, the nursing instructor described her initial apprehension about the researcher's presence in the clinical area. As the interview progressed, the nursing instructor said that she had forgotten about the researcher's presence in the clinical area.

> I: I really don't have any other questions. What did you think of this exercise?
>
> Nursing Instructor: I thought it was good. It was funny, at first. I was nervous and I know you had come in and you said I'm not evaluating you. And I thought - right, she is not evaluating me, but it was still sort of in the back of my mind. I think once we started getting going, I almost forgot you were there. When I was with the students and I was trying to sort of interact with the students, and you made yourself very, not invisible, but sort of off to the side so that there wasn't an interference between what was happening between the student and the patient and myself. I felt a lot more comfortable doing it than thinking about having it done (Interview 30:6-7).

The above interview excerpts were provided for the purpose of describing the nursing instructors' reactions to the researcher. The nursing instructors' descriptions of the researcher's presence in the clinical area were varied and are discussed in the following paragraphs.

Discussion of the Nursing Instructors' Reactions to the Researcher

In the above interview excerpts, nine nursing instructors described their reactions to the researcher's presence in the clinical area. Three nursing instructors indicated that they were initially apprehensive about the researcher's presence in the clinical area (Interviews 18:15-16; 29:7-8; 30:6-7). Four nursing instructors had indicated that they had forgotten that the researcher was present in the clinical area (Interviews 15:1; 12:1; 21:1; 30:6-7). Two nursing instructors expressed concerns about the effect the researcher would have on the nursing students and the patients in the clinical area (Interviews 13:6; 18:15-16). In both of these cases, the nursing instructors also indicated that the researcher's presence in the clinical area did not affect the nursing students and the patients. One nursing instructor, who said that the nursing students were not advised of the researcher coming to the clinical area, stated that a nursing student's performance was affected by the researcher's presence in the clinical area.

Three nursing instructors expressed a sensitivity to the researcher's presence in the clinical area, and said that they were concerned about the amount of involvement the researcher may have wished to be included in the activities in the clinical area (Interviews 17:8-9; 23-1: 29:7-8). One nursing instructor described a lunch time discussion by a faculty group at which time the nursing instructors shared their experiences related to the researcher's presence in the clinical area (Interview 29:14-16). In one of the interviews, a nursing instructor referred to the researcher as an "objective outsider" (Interview 24:7).

Field (1986:78) said that an observer's presence in the study setting may result in a change of behavior in the individuals in the area. In this study, the researcher was aware of the researcher's effect on the individuals in the clinical area, and recognized that this was one of the major problems that was required to be addressed. Therefore, during the clinical observations, the researcher avoided making eye contact with the nursing instructors in order that the nursing instructors would not become distracted by the researcher's presence. In the interview excerpts in which the nursing instructor reactions to the researcher were presented, the nursing instructors had said that they had forgotten about the researcher in the clinical area for the researcher was not visible to them. One nursing instructor stated that the nursing student was affected by the researcher in the clinical area (Interview 29:7-8). This nursing instructors also stated that she had not informed the nursing students of the researcher's clinical observation. Another nursing instructor, in Interview (28:5), wondered if a nursing student was uncomfortable due to the presence of the nursing instructor and the researcher.

As a result of the feedback received from the nursing instructors, the researcher was satisfied that the researcher's presence in the clinical area, in the majority of the clinical observations, did not result in a change of behavior in the individuals in the clinical area. The nursing instructors' descriptions of initial apprehension and later forgetting about the researcher's presence in the clinical area, brings the researcher to conclude that the nursing instructors became used to the researcher and did not feel threatened by the researcher during the clinical observation period.

Summary of Nursing Instructor Reactions to the Study

In this chapter, the reactions of the nursing instructors to the study were described and discussed. The nursing instructors' reactions included: 1) the nursing instructors' reactions to the fieldnotes of the clinical observations, 2) the nursing instructors' reflections, and 3) the nursing instructors' reactions to the researcher.

Ten nursing instructors reviewed the fieldnotes of their clinical teaching observations, one nursing instructor reviewed the fieldnotes at the time of the interview, and nine nursing instructors received a photocopy of the fieldnotes prior to the scheduled interview. In the interview excerpts presented in this chapter, the nursing instructors described the fieldnotes of the clinical observations as detailed, accurate, and objective. The nursing instructors' discussions regarding the accuracy of the fieldnotes of the clinical observations were confirmations that the researcher's observations and recordings of the clinical observations were authentic representations of the nursing instructors' realities of the clinical teaching in the nursing program.

During the interviews, nine nursing instructors described their personal reactions to the fieldnotes of the clinical observation, and the observations conducted by the researcher. In the interview excerpts presented in this chapter, the nursing instructors were described as reflecting upon their clinical teaching behaviors and evaluating the appropriateness and effectiveness of their specific teaching behaviors in the clinical area. Three nursing instructors referred to the fieldnotes of the clinical observation and the clinical observation as feedback of their clinical teaching. In reviewing the nursing instructors' reflections, the researcher concluded that the nursing instructors were using the research methods selected by the researcher as a means of analyzing their own clinical teaching behaviors.

The nursing instructors described their reactions to the researcher's presence in the clinical area during the interviews which were conducted in the study. The nursing instructors described their reactions as ranging from initial apprehension to forgetting about the researcher's presence. Nursing instructors said that they were sensitive to the effect the researcher's presence would have on the patients and the nursing students. The nursing instructors found that the researcher's presence had not affected the patients, one nursing instructor said that the researcher's presence affected a nursing student, and another nursing instructor wondered if the researcher's and her presence affected the nursing student's performance. As a result of the feedback the researcher received from the nursing instructors, the researcher concluded that the researcher's presence in the clinical area did not change the behaviors of individuals in the clinical area in the majority of the clinical observations.

In the final chapter, the conclusions of the study and the reflections on the research process are presented.

CHAPTER IX

CONCLUSIONS AND REFLECTIONS

Introduction

This study was undertaken for the purpose of developing the knowledge and understanding of clinical teaching in a diploma nursing program. Clinical teaching was examined, described and analyzed from the perspective of the nursing instructor in the nursing program. The question of how nursing instructors in a diploma nursing program teach the clinical component of the nursing education program was addressed.

Between January and November 1986, the researcher observed fifteen nursing instructors in the clinical nursing units where the nursing instructors were teaching the clinical component of the nursing program. Following the observation of ten nursing instructors, the researcher interviewed each nursing instructor. An interview, which included three nursing professionals, not associated with the nursing program, was conducted and was referred to as the brainstorming session in the study. This brainstorming session occurred in March, 1986 after the researcher had completed eight clinical observations and two interviews. A literature review of clinical teaching research and nursing instructor evaluation programs was conducted on an ongoing basis during the study and the preparation of the dissertation. The data for the study included: the researcher's observations of the nursing instructors, the nursing instructors' discussions of clinical teaching, the discussion by the participants in the brainstorming session, and the information obtained from the literature review.

The study was conducted using the qualitative research paradigm. According to Bogdan and Biklen (1982:2), the qualitative approach is an umbrella term which refers to several research strategies that share certain characteristics. These characteristics are: 1) that the natural setting is the direct source of data, 2) the researcher is the key instrument, 3) the researcher is concerned with context, 4) the research is descriptive, 5) the researcher is concerned with process rather than outcomes or products, 6) the researcher analyzes data inductively, and 7) "meaning" is of essential concern.

Following the data collection and data analysis, the findings regarding clinical teaching in the diploma nursing program were described and discussed in Chapters V through VIII. This final chapter is comprised of two sections. In the first section, concluding statements are made regarding the following: nursing instructor interactions in the clinical area of the nursing program, nursing instructor teaching techniques displayed in clinical teaching, and classroom and clinical teaching. In the second section of this chapter, the researcher's reflections on the research approach and process of conducting the study are presented.

Conclusions Regarding Nursing Instructor Interactions

The conclusions presented in the following sections include the nursing instructors' interactions with nursing students, patients, staff, and "others" in the clinical component of the nursing program. These conclusions were made as a result of the analysis of the data which was collected during the observations of nursing instructors in the clinical area, and the interviews conducted with the nursing instructors and the participants of the brainstorming session.

1. Nursing Instructor Interactions with Nursing Students

The following conclusions were made in relation to the nursing instructors' interactions with nursing students in the clinical area of the nursing program.

1.1 The majority of the nursing instructors' interactions focused on and were directed toward the nursing students rather than patients, staff, and "others".

1.2 The number of nursing students assigned to the clinical area and a nursing instructor ranged from two to ten nursing students.

1.3 All nursing instructors interacted with fifty percent or more of the nursing students during the observation period.

1.4 Nursing instructor interactions with nursing students varied according to the stage of the clinical rotation.

1.4.1 During the first half of the clinical rotation, fifty percent of the nursing instructors interacted with the total group of nursing students in the clinical area.

1.4.2 During the last half of the clinical rotation, fourteen percent of the nursing instructors interacted with the total group of nursing students in the clinical area.

1.5 The clinical area is stressful to nursing students due to the presence of the patient. Due to the stressful nature of the clinical area for the nursing student, the nursing instructor's interactions with the nursing student vary in the clinical area and are determined by the patient's needs.

1.6 Nursing instructors interacted with nursing students in a private, caring manner and displayed respect towards the nursing students.

1.7 The nursing instructors provided nursing students with feedback regarding the nursing student's actions in the provision of patient care.

2. Nursing Instructor Interactions with Patients

The following conclusions are made about the nursing instructor interactions with patients in the clinical component of the nursing program.

2.1 The nursing instructors' interactions with patients occurred with the patients who were assigned to the nursing students.

2.2 The nursing instructors' interactions with patients were influenced by the activities and procedures required in the provision of nursing care to the patient.

2.3 Less experienced nursing instructors were found to interact with more patients than the more experienced nursing instructors.

3. Nursing Instructor Interactions with Staff

The following conclusions are made about the nursing instructors' interactions with staff.

3.1 All nursing instructors interacted with hospital personnel in the clinical area. The hospital personnel included: x-ray technicians, nursing unit supervisors, physicians, clerks, dietary aides, housekeeping aides, registered nurses, and nursing assistants.

3.2 The nursing instructors identified the importance of their working relationship with nursing practice personnel.

3.3 The nursing instructors depended on the nursing staff to assist with the teaching of nursing students in the clinical area.

3.4 The nursing instructors referred nursing students to the nursing staff in the clinical area.

4. Nursing Instructor Interactions with "Others"

The following conclusions are made about the nursing instructors' interactions with "others", which included the patients' family members and visitors.

4.1 Nursing instructors had few interactions with patients' family members and visitors.

Conclusions Regarding Nursing Instructor Teaching Techniques

The conclusions presented in the following sections include the teaching techniques identified as questioning, telling, discussion, supervised practice, and active participation.

1. Questioning as a Teaching Technique

The teaching technique defined as questioning occurred when the nursing instructor was asking the nursing student for information. The following concluding statements can be made about the use of questioning as a teaching technique.

1.1 Questioning was used as a teaching technique by the fourteen of the fifteen nursing instructors and was described as a preferred teaching technique by nursing instructors for this technique was identified as a method of developing the nursing students' decision making and problem solving skills.

1.2 Questioning was used more extensively by the Level II nursing instructors than the Level I and Level III nursing instructors in the nursing program.

2. Telling as a Teaching Technique

The teaching technique defined as telling occurred during the nursing instructor and nursing student interactions when the nursing instructor provided information to the nursing student. The following conclusions are made about telling as a teaching technique.

2.1 All nursing instructors used telling as a teaching technique.

2.2 Telling was used by nursing instructors during stressful clinical situations which the nursing students encountered. In these situations, the nursing instructor talked the nursing student through the stressful situation.

3. Discussion as a Teaching Technique

The teaching technique defined as discussion occurred when the nursing instructor and nursing student shared information about activities or events in the clinical area. The following conclusions are made about discussion as a teaching technique.

3.1 Discussion is not commonly used as a teaching technique by nursing instructors in clinical teaching.

3.2 Level III nursing instructors used discussion as a teaching technique less than Level I and Level II nursing instructors.

4. Supervised Practice as a Teaching Technique

Supervised practice was defined as a teaching technique which occurred when the nursing instructor observed a nursing student's behavior or actions when the nursing student was providing nursing care to a patient. The following conclusions are made about the use of supervised practice as a teaching technique in clinical teaching.

4.1 Supervised practice is used as a teaching technique more extensively by Level I nursing instructors than by the Level II and III nursing instructors.

4.2 All nursing instructors used supervised practice as a teaching technique during the first half of the clinical rotation.

5. Active Participation as a Teaching Technique

The teaching technique active participation was defined as occurring during the nursing student and the nursing instructor interactions when the nursing instructor participated in the activities of providing nursing care to a patient. The following conclusions are made about the use of active participation as a teaching technique in the clinical area.

5.1 All Level I and all less experienced nursing instructors participated in the provision of nursing care to a patient in the presence of the nursing student.

5.2 When the nursing instructor provided nursing care to a patient, a partnership was evident between the nursing instructor and the nursing student in providing nursing care to the patient.

5.3 The nursing instructor functioned as a role model to the nursing student when the nursing instructor used active participation as a teaching technique.

Conclusions Regarding Classroom and Clinical Teaching

Classroom teaching and clinical teaching was discussed during the interviews with the nursing instructors and participants of the brainstorming session. The following conclusions are made about classroom and clinical teaching in the nursing program.

1 Classroom teaching and clinical teaching are different due to the teaching strategies used, the content, and the context.

2. Clinical teaching is the operationalization of nursing theory in the nursing practice setting. During clinical teaching, nursing instructors referred to classroom content.

3. In clinical teaching, nursing instructors are required to be flexible, due to the limited amount of structure due to the varying nature of the patient.

4. Clinical teaching includes both inductive and deductive teaching methods.

5. Classroom teaching and clinical teaching form a complementary relationship in the nursing program.

Classroom content is a prerequisite for clinical content and the classroom teaching provides the foundation for clinical teaching.

6. Activities of assessment, planning, and organizing of clinical teaching include conferences, rounds, and the review of schedules.

Discussion of the Conclusions

Following the completion of the data analysis, the researcher reviewed the article by Dinham and Stritter (1986) on "Research on Professional Education" in the Handbook on Research on Teaching. The researcher had encountered this article earlier in the data collection and data analysis, however, the researcher intentionally did not review the article in order not to be influenced by the findings presented in the article. This article is presented and related to the conclusions the researcher arrived at in the study.

Dinham and Stritter (1986:958) stated that the research literature on characteristics and teaching behaviors of clinical instructors was concentrated on four main themes: a) the instructor's attitudes, b) the role model the instructor presents to the students, c) organization of the learning, and d) practice and evaluation. The themes of attitude and role model were described as the "art" of clinical teaching, and were described as difficult to teach and to learn. The "science" of clinical teaching was identified as the themes related to the organization of learning, and practice and evaluation. The four themes identified by Dinham and Stritter are presented here in summary form.

Dinham and Stritter (1986:958) stated that attitudes toward teaching and interest in students are evident in an instructor's interactions and availability to the students. In the present study, the nursing instructors interacted with nursing students. The concluding statements regarding the nursing instructor interactions with nursing students provide evidence of the nursing instructors' attitudes towards the nursing students and their availability to the nursing students.

Learners were described as identifying with clinical instructors which they wish to emulate, and the role model's influence was described as lasting for years. The role model was described to include professional competence and professional standards in self-confidence, leadership, dealing with patients, relationships with peers and subordinates, awareness of strengths and weaknesses, and ability to accept criticism. In the present study, the role model components were demonstrated by the nursing instructors in their interactions with nursing students, patients, and staff. The nursing instructors displayed professional competence in the above interactions and in the teaching technique defined as active participation.

Dinham and Stritter (1986:958) stated that an organized clinical instructor helps students establish clear directions and goals. Good clinical teachers were described as good question askers, who lead students through clinical problems in a nonthreatening manner. In the study, nursing instructors identified the stressful nature of the clinical area as influencing their interactions with nursing students. The teaching techniques of questining and telling were identified and described in the present study. Questioning was found to be used by the majority of the nursing instructors, and telling was described as a teaching technique the nursing instructors used to guide nursing students through stressful clinical situations.

Dinham and Stritter (1986:959) stated that, students guided practice and careful evaluation were essential for quality education. The guided practice required that the instructor have good question-asking skills, and evaluation required that the instructor provide feedback to the students. In the present study, the nursing instructors guided the nursing students' practice during their interactions and the use of the teaching techniques described as questioning, telling, discussion, and supervised practice. The nursing instructors were found to provide feedback to nursing students during the nursing instructor and nursing student interactions. The teaching technique telling was also identified as a means of providing feedback to nursing students.

Reflections About the Study

The case study method using the qualitative research approach for data collection and data analysis was found to be useful to examine, describe, and analyze clinical teaching in a diploma nursing program from the perspective of the nursing instructor. The researcher's reflections about this research approach and the process of conducting the study are discussed.

Reactions to the Role of the Researcher

The researcher was aware that one of the major problems was that the observer's presence in the clinical area could result in a change in the behavior of the participants. Therefore, when the study was discussed with the faculty group, the researcher stated that the clinical observations did not have predetermined criteria and the purpose was to observe the clinical component of the nursing program as it naturally exists. The researcher was sensitive of the role which she assumed in the research process and recognized that she was the primary instrument of data collection and analysis in the study (Glaser and Strauss: 1967, Bogdan and Biklen: 1982). Initially, the researcher was concerned that her presence would either inhibit the nursing instructors or would cause them to respond in a manner which they anticipated the researcher might expect.

As a result of the feedback the researcher received from the nursing instructors, the researcher became confident that her presence in the clinical area did not inhibit the nursing instructors or cause them to behave in an unusual manner. The researcher had intentionally positioned herself behind the nursing instructor in order that the nursing instructor would not be distracted by the researcher's presence. This positioning was considered to be effective because the nursing instructors stated that they had "forgotten" or "had not seen" the researcher.

During the interviews, the nursing instructors described their reactions to the researcher's presence in the clinical areas as ranging from mild apprehension initially to forgetting about the researcher's presence. The nursing instructors' description of initial apprehension and later forgetting about the researcher in the clinical area, brings the researcher to conclude that the nursing instructors became used to the researcher and did not feel threatened by the researcher during the clinical observation periods.

Data Collection

Data collection included observation of nursing instructors in the clinical areas of the nursing program, interviews, and document reviews. The observation of the nursing instructor on the nursing unit was the primary source of data collection. The researcher's observations of the nursing instructors were recorded as fieldnotes of the observation. The researcher conducted scheduled unstructured interviews with the nursing instructors and participants of the brainstorming session. Unscheduled interviews occurred during casual encounters with the nursing instructors. The document reviews included nursing program documents, such as, the nursing program curriculum, faculty profile information, and nursing program schedules.

The process of data collection evolved as the study progressed. During the initial data collection, the researcher observed nursing instructors in the clinical area and made fieldnotes of the observations. Later, the researcher interviewed a nursing instructor and reviewed the fieldnotes of the clinical observation. Following this interview, the researcher provided the nursing instructors with a photocopy of the fieldnotes of the clinical observation prior to the scheduled interview time.

During the interviews, the nursing instructors described the fieldnotes of the clinical observations as detailed, accurate and objective. The nursing instructors expressed amazement about the detail which was included in the fieldnotes and commented that the researcher had recalled the events as they occurred in the clinical area. As a result of this feedback received from the nursing instructors, the researcher was satisfied that the fieldnotes of the clinical observations represented the researcher's best efforts of objectively recording the details which occurred in the clinical area. The fieldnotes provided the researcher with the details and descriptions necessary to understand the context of clinical teaching in the nursing program. The nursing instructors' comments regarding the accuracy of the fieldnotes of the clinical observations confirmed that the researcher's observations were authentic representations of the realities of the clinical teaching environment in the nursing program. The researcher found that the nursing instructors used the fieldnotes of the clinical observations as a method of analyzing their own clinical teaching behaviors.

The scheduled interviews with the nursing instructors were tape recorded. The brainstorming session, which included the three participants and the researcher, was also tape recorded. The researcher found that the presence of the tape recorder was inhibiting to the researcher and the interviewee(s) during the commencement of the interview. As the interview progressed, the tape recorder was not noticed for the researcher and the interviewee(s) maintained eye contact throughout the interview session.

The researcher found that the interviews and observations of clinical teaching were intense and fatiguing, and required total concentration on the part of the researcher.

Data Analysis

Data analysis involved clarification, refinement, and validation of constructs which are derived from the data. The data analysis was conducted according to approaches described by Glaser and Strauss (1967) and Bogdan and Biklen (1982). The data analysis progressed through two phases.

During phase one of the data collection, the researcher reviewed the fieldnotes of the clinical teaching observations. Two themes, nursing instructor interactions and nursing instructor teaching techniques were evident in the data. The nursing instructor interactions included interactions with nursing students, patients, staff, and "others", such as, visitors or patients' family members. The nursing instructor interactions with nursing students were identified as teaching techniques and were described using the following terminology: questioning, telling, discussion, supervised practice, and active participation.

The two themes of nursing instructor interactions and nursing instructor teaching techniques were used throughout the remainder of the data collection. Following each scheduled interview, at which time the nursing instructor reviewed and corrected the descriptive portion of the fieldnotes of the observation, the researcher reviewed the fieldnotes of the observation and tabulated the nursing instructor interactions and teaching techniques displayed by the nursing instructor.

During phase two of data analysis, the researcher reviewed all the written notes and coded and numbered the material according to observations, interviews, and the group interview. The written notes were read carefully and notes regarding the themes or constructs were made in the right hand margin of the notes. A summary of all the themes or construct was then compiled. This summary included the data source, notes and page numbers of the themes or constructs. The summary information was then compiled into the fourteen categories. These categories evolved from the summary of the themes identified in the notes of the study. Four major themes emerged during the data analysis; namely, nursing instructor interactions; nursing instructor teaching techniques; nursing instructor classroom-clinical references; and nursing instructor reactions to the study.

Although the data collection and data analysis are described in separate sections, the researcher found that data analysis also occurred at the time of the data collection. Examples of this occurred when the researcher was observing nursing instructors in the clinical area. During the observations, the researcher noticed that she would think that is questioning or that is an interaction with a staff member. The researcher tried to avoid these analysis in order that she could focus her attention on the details of the clinical observation.

During the brainstorming session, the classroom and clinical teaching descriptions emerged. These references were later followed up by the researcher during the interviews with the nursing instructors.

In conclusion, the qualitative research approach used in the study was an useful method of examining, describing, and analyzing clinical teaching in the diploma nursing program.

Epilogue

The data collection related to the observation of nursing instructors in the clinical area ended in November, 1986. Since this time, the nursing instructors have inquired about the findings of this study, and have expressed an interest in reading the dissertation. The researcher has agreed to provide an overview of the study to the faculty group. During the data collection, some of the nursing instructors had expressed an interest in the qualitative research method used by the researcher. Although, the researcher is not an expert in qualitative research methods, an attempt will be made to describe this method of conducting a research study.

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APPENDIX A

INFORMED CONSENT FORM

INFORMED CONSENT FORM

PROJECT TITLE: Clinical Teaching in a Diploma Nursing Program

INVESTIGATOR: Helene Smyk, R.N., B.Sc.N., M.Ed.,
Doctoral Student
Department of Educational Administration, U. of A.

ADVISOR: Dr. D. A. MacKay, Professor, Department of Educational Administration, U. of A.

This is to certify that I, ______________________ (print) hereby agree to participate as a subject in a research project which examines clinical teaching in nursing.

I consent to be observed during the duration of the study and for records to be kept and reported of the observations.

I consent to be interviewed and have comments I make to be reported verbatim. I understand that I am free to deny any answer to specific questions during the interview.

I understand that my name will not be disclosed at any time.

I further understand that I may withdraw from the study or refuse to answer any questions without penalty. I am free to ask questions about the research, which are to be answered to my satisfaction.

______________________ (Signature of Participant)

______________________ (Date)

______________________ (Signature of Witness)

______________________ (Signature of Investigator)

APPENDIX B

DESCRIPTIVE PORTION OF THE FIELDNOTES OF A CLINICAL TEACHING OBSERVATION

FIELDNOTES OF CLINICAL TEACHING OBSERVATION

Date: ________ ___________ Time: _______ to _______

Name of Nursing Instructor, Clinical Area
Eight (8) Nursing Students in Clinical Area

0850 Hours: I was early, observation arranged for 0900 Hours. I arrived on unit and walked up corridor, across ward, to other corridor. I encountered nursing students, all acknowledged me and said hi.

0855 Hours: Nursing instructor comes off elevator on to the ward, she removes her sweater. She is wearing a pale blue dress uniform. Nursing instructor starts to explain her plan (refers to sheet). I indicate "don't feel you have to explain, just go about your normal plan and I will follow. Pretend I am not here!" Nursing instructor smiles and enters into patient room. Patient sitting in wheelchair, nursing instructor squats beside patient, addresses patient by name (patient #1), and asks patient if she had her mouth cleaned. Patient says "yes" and opens her mouth. Nursing instructor checks and says "okay." Nursing instructor takes patient's hand and checks fingernails, and then tells patient that her nails need clipping. Patient smiles. Nursing instructor gets up, goes to bathroom and talks to nursing student #1, who is cleaning the patient's dentures. Nursing instructor "I checked Mrs. ____'s mouth, it is nice and clean. I told her that her nails need clipping." Nursing student #1 "I'll do them when I finish cleaning her dentures." Nursing student #1 smiles. Nursing instructor leaves room and enters another room.

Nursing student #2 is in room with German man (patient #2), who is on a stretcher awaiting transfer to his bed (was in Physio). Nursing instructor indicates to nursing student #2 that "Miss Smyk speaks German." I then go to patient's side and speak in German and translate. Nursing instructor to nursing student #2 "how many people do you need to move Mr. ____?" Nursing student "3". Nursing instructor "okay, go and get another person." Nursing student #2 leaves room and returns with nursing student #3. Nursing instructor then pulls curtain around patient and she and the two nursing students move Mr. ____ from the stretcher to the bed. Prior to moving the patient, the nursing instructor checks that the brakes are on the bed and stretcher. After patient is in bed, the nursing instructor offers the patient a drink of water, which he accepts. She also offers him the urinal, he says "no." Nursing student #2 "where does the stretcher go?" Nursing instructor tells her by describing the location of the floor and instructs nursing student #2 to remove all the linen and put it in the laundry bag. Nursing instructor washes hands.

Nursing instructor leaves. Nursing unit clerk in corridor refers to me as the supervisor and then tells nursing instructor that our home towns are the same. Nursing instructor refers to sheet and indicates that she is going to do blood pressures with nursing student #4, who has to be in Health Office at 0930 Hours. We walk to the other side of the ward.

Nursing student #4 and nursing instructor both go to Mrs. ____'s (patient #3) bed. Nursing student #4 positions blood pressure cuff, nursing instructor and nursing student #4 use teaching stethoscope. Nursing student #4 finds pulse, positions membrane and pumps up cuff, both listen. Nursing instructor records numbers and covers sheet. Nursing student #4 tells nursing instructor numbers. Nursing instructor "okay" and both go to Mrs. ____ (patient #4). Blood pressure procedure repeated. Nursing instructor "nursing student #4 you are signed off, you can do them alone now."

Nursing instructor leaves room and enters next room to do blood pressures with nursing student #5. Nursing instructor and nursing student #5 go to Mrs. ____'s (patient #5) bedside. Nursing student #5 finds pulse, ... three doctors enter. Nursing student #5 states: "I'll do it later." Doctor #1 states: "no go ahead, I'll wait, I would like to know Mrs. ____'s blood pressure." Nursing student #5's face reddens, she says something to the nursing instructor. Nursing student #5 remains in the same spot, nursing instructor proceeds to take blood pressure and informs physicians of reading. Then nursing student #5 leaves room, nursing instructor follows and indicates will go with nursing student #5 into private area, both leave. Nursing instructor following and go around the corner. Nursing instructor returns and enters another room, where Mrs. ____ (patient #6) is sitting in a chair. Nursing student #6 is in room also. Nursing student #6 and nursing instructor take the patient's blood pressure. Nursing student #6 and nursing instructor compare readings.

Nursing instructor "let's wait one minute and take it again." Nursing instructor positions membrane and asks nursing student #6 "to point when you first hear the blood pressure." Nursing instructor asks nursing student #6 "what was Mrs. ____'s blood pressure in the past?" Nursing student tells previous readings, takes blood pressure, and points to readings.

Nursing instructor and nursing student #6 are in the corridor planning to go to another patient. I indicate that I'm going to leave, so I don't interrupt procedure (Observation 3:1-4).

APPENDIX C

TRANSCRIPT OF A TAPE RECORDED INTERVIEW

INTERVIEW WITH A NURSING INSTRUCTOR

I: Did you have a chance to review a copy of the notes?

Nursing Instructor: Yes, I did.

I: I am sorry about the photocopy.

Nursing Instructor: Yes, I could read it. It was fine.

I: Is that accurate of what sort of transpired during the day with the exception of the post ... I couldn't figure out the terminology.

Nursing Instructor: Yes. Just gentamycin levels, that is all.

I: Did you have any areas ... (tape unclear).

Nursing Instructor: No

I: One of the things I wasn't clear about, there were two different R.N.'s, that one you gave keys to and to the other you talked about the patient's concerns.

Nursing Instructor: They were the same person. She happened to be the nurse who was in charge on the desk yesterday because (the unit supervisor) was away.

I: Okay, so that is the same person. Anyway, do you have any reactions to the information?

Nursing Instructor: I am amazed how much you can get down and follow through, it said to me you must have had practice doing this.

I: It gets better, actually. It is also interesting because I just jot some notes down after I left you and then I sit down and think it all through as I sit in my comfortable chair. I am amazed it really does come back.

Nursing Instructor: The thing it did to me was it made me look back at the things that we had done. And one of the things that I had picked up, and I know it is an ongoing thing that I have to work on, is someplace here where I told her to turn the pole, I turned the pole. I didn't just say you can turn the pole and I showed her how to turn the pole and I think I am the sort of person that when I go to say how to do something I always have to demonstrate part of it and maybe I shouldn't do that. Maybe I should just have said you can turn the pole and just let her turn the pole. Mind you I seem to recall she had an intravenous bag in each hand!

I: Yes. Each hand was full.

Nursing Instructor: It made me think, am I always jumping in and doing it?

I: I didn't perceive it that way and I am not looking at it from an evaluation which obviously you are looking back as one of the things you did. One of the things that I thought, just to relate to that comment, is it common to do things like that with a student, while they are doing something, that you participate in that?

Nursing Instructor: I tend to. I had forgotten until just now that she did have the bags in her hand and that is probably why I turned the pole. When I first read it through I forgot that she had those in her hand and I thought was she just standing there with her hands doing nothing. But now I remember that is not the case. I do tend to participate especially if they are not getting it straight or if they have forgotten to do something that is important for them to do. Especially when it is their first time or they are uncomfortable, for some reason. I would rather have it go smooth for the sake of the patient and then have us discuss what steps she missed along the way and watch her the second time to see if she does it without that.

I: So, it is a collegial relationship in the provision of care. Is that right? You work with the student and participate for first time experiences.

Nursing Instructor: Ah ha. Oh yeah.

I: Yeah, that is what your ...

Nursing Instructor: Or if it is a really stressful situation. Let's say that all of a sudden somebody's patient has to go to the operating room because they have decided that he has perforated his bowel or something, which it might be on a medical patient, and the student has about five different things to do at once and I know that they are not comprehending. I talk them through it and by doing two of them while they are trying to do one, just because of the urgency of the situation.

I: And then they hear what you are saying and sort of that talking through notion is one of the things that I would say, if I was to say what you were doing at that point in time, I would say that was the best way of describing it as you just said you talked her through it. And the other one that I remember is that you whispered something to her when we walked in.

Nursing Instructor: Oh, because she didn't say to that patient what she was doing. I happen to know that that particular lady is hard of hearing and that she needs to speak up to her and lean towards her. Also, it doesn't make me very happy when they don't say what they are about to do.

I: So, in the area that is sort of a form of encouragement or

Nursing Instructor: Reminder

I: Reminder

Nursing Instructor: Because they know that they are supposed to tell their patients what they are doing, but sometimes they don't. I went back today and watched her with the same medication. I didn't go into the room with her, but I went in immediately after I knew she had gone and she was chatting away to the patient, the same patient, same medication, same time of day. I wondered if she was uncomfortable because we were both there.

I: Well, I think that in all fairness, that my presence does a wee bit of, create a bit of anxiety.

Nursing Instructor: So, she may have lost a little common sense then. Being so intent on hanging it right, because we were both standing there.

I: One is enough! Two! I don't have anything specific that I wanted to ask about the notes that I had done. I guess, is this sort of a typical time in teaching, or the clinical area, or clinical teaching. Or ~~is~~ it unusual? Or is that sort of what happens?

Nursing Instructor: That is sort of what happens but sort of at different times of the day, it is really different. The hour from ten to eight until twenty to nine, that day it was very busy because I had five students that had insulins to give and two eight o'clock intravenous medications and so it is much faster paced. And if you know that you have to get that many people through that many skills, you don't have the time to question as many of them. Some of the insulins that I was checking those students are signed off and so basically all I could do was check their insulins and make sure that they are right and if there is someone who isn't signed off spend the time with them.

I: With them.

Nursing Instructor: But then, for any given time of day, I think that's realistic depending upon what comes up later in the day. This morning at that time of day I had students who were going for (procedures with patients) so it was different things but checking with them to make sure that they have done all the right preparatory steps and if they needed their medications checked doing that. Then going back to see what they had actually done for the patient to see that the siderails are up and that there is enough fluid in the intravenous bag to send the patient to Radiology for two hours. Which I expect the (student) should have done but I still feel that I have to check to make sure that that is the way it actually is, so that I know.

I: I guess, what I am hearing you say is that the whole aspect of patient safety related to teaching and the learning needs of the students and the teaching needs of the instructor, but the bottom line is patient safety.

Nursing Instructor: Yeah. Which is why I go around and check all those patients in the morning and I had not. Usually I can get around to all those people before the time I was doing it yesterday. But it just depends on how many eight o'clock things there is to check.

I: Depends on the day.

Nursing Instructor: I feel compelled to do that. I don't know if everyone does that but I feel compelled to know what the person's intravenous and site looks like and talk to them and know what their respirations sounded like and that kind of thing, so that if the student says to me later will you come and look at so and so, I too am assessing a change.

I: Because you have something to base it on?

Nursing Instructor: Just maybe because I am not always certain that everyone's assessment skills are at and there are some students that you know they will assess everything and other cases not.

I: I noticed that you had encountered a fair number of patients and with your experience and that too you don't have to spend a lot of time in order to assess them. And just by going in and speaking with them you can get a lot of information. That was one of the things in reading it through after I had done it, that sort of stuck in my mind in that point in time too.

Nursing Instructor: But it is not the kind of assessment that you would do if you were that patient's nurse. But I know enough about their problems to assess for the major ones.

I: You commented too that a lot of them are (former) patients and they keep coming back, and you have the experience on the ward too. Is there anything you want to comment on in relation to this activity?

Nursing Instructor: I think I was glad to know that it was coming but not just related to your project ... but that I would get some feedback. And even just reading through this I see it as feedback that makes me think about what I was doing with the student at that time. Maybe, because in my other position I hardly ever got that and I appreciate supervision.

I: Yeah, and I wasn't doing it for the purpose of supervision.

Nursing Instructor: I know that but I still see it as positive and that if there is something that you did feel compelled to say something about, I felt that you would.

I: Oh yeah. Actually, this is common feedback as I am nearing the end. So, I can relate to previous things that I am getting is that the time and the opportunity to even look through what I thought I was seeing and to share that with you. And a lot of instructors are saying gee you know that is a different way of looking at things too. And I have never had the opportunity to sit down and have someone tell me what I did in the last hour or three quarters of an hour, or whatever it was. A lot of them are using this as feedback for themselves. I guess, that is what you are saying too. And it is by no means evaluation or on a criteria from one to ten or anything like that. I guess, it is different. And, in someways probably it is one of the things I often wonder about, if someone followed me around for a while, how would they relate that to me? I found it very interesting and I didn't feel that you were bothered by my presence or anything. Things seemed to go on as normal, didn't they?

Nursing Instructor: I did the things that I knew I had to do.

I: Anyway, it is unstructured, as you are aware. And I have no questions related to anything unless there is anything that you wanted to comment on or.

Nursing Instructor: No. Just I found it helpful to read through and see what I did, knowing that it was.

I: Do you want a copy of it?

Nursing Instructor: No. That is fine having read through it once.

I: You will probably recognize parts of it in the report. It will be confidential. There will be no way of people identifying, other then the person who was involved in it will be able to recognize and say I said that or this is what happened when she was in the area where I was.

Nursing Instructor: One thing I have not had the students tell me, I speak too softly. I know in the unit area I tend to speak softly to them. I don't speak very loudly normally and I don't feel that everyone in the medication room needs to know what I'm saying to a particular student.

I: No. I guess I was identifying that as my own limitation because I didn't understand the word. So that is sometimes one of my problems.

Nursing Insturctor: But it made me think you know the students have not said to me that I am speaking too low and they can't understand me.

I: No. I think it was just where I was located because you were very close to the student and I didn't want to get right in there so that the three of us would be all around the chart. So I tried to come away at bit and I intentionally try not to interfere in that space. And so making that as a conscious effort, I sort of have to stand back a little further and sometimes I can't hear because you were talking directly to the student.

Nursing Instructor: That is the way I understood it from here. But it did make me stop and think, I wonder if sometimes there are problems and then I thought about it. I have never had that feedback from students. But I do that not specific to me. But in general feedback, they sometimes say comments related to everyone in the desk area knowing that the instructor is telling you you have done something wrong.

I: Oh yeah. Privacy. It was definitely you and the student working and the limitation in the ability to hear was mine because of the intentional attempt not to get into your space (Interview 28:1-13).

APPENDIX D

TRANSCRIPT OF BRAINSTORMING SESSION

BRAINSTORMING SESSION

I: Basically, what I would like us to do is talk about clinical teaching and specific aspects related to clinical teaching as they relate to your own experiences, so feel free to interrupt and just go on. There is no specific structure for this and there aren't preset questions, intentionally, so essentially, we will just go with our discussion as we talk about the topic of clinical teaching and from your experiences of being clinical instructors.

Sue: Is it specific to students, Helene, or is it to graduate nurses as well?

I: I don't see any specific reason to limit it to graduate nurses or students but clinical teaching in general as related to your experience. I feel quite comfortable with the broad parameter related to it. Any other things? Who wants to start?

Ann: Do you want to start with some kind of a discussion of what clinical teaching is?

I: Perhaps we could just start with what you describe as clinical teaching and what it means to you from your own experience in the area of clinical teaching. Do you want to start, Sue?

Sue: I have to get my thoughts together. I guess I see clinical teaching very much as role modelling for the students or graduate nurses that you're working with. And, indeed, what it is to me as well, is that it's really operationalizing the theory. Applying theory to practice and the role modelling comes in at that case because as you are applying the theory to practice as an instructor, you are showing the student how to do it.

I: Ann did you want to add to that?

Ann: Well, the thought that came to mind when we were talking initially was similar to what Sue has just said. The importance of applying what has been learned in the classroom situation to the practical experience, theory to practice again.

Pat: I agree with the role modelling aspect but I think it goes beyond being a role model as well to develop those skills in the student.

I: The skills of nursing (pause)

Pat: Objectives of the program, appropriate clinical nursing skills.

I: So, skill development as well. So, essentially we have looked at role modelling, applying theory into practice, and development of skills in beginning learners and even graduates for that matter, right?

Sue: That's right. I think it would be both. Indeed, I guess what I was saying when I was using the term role modelling, I was taking that one step further, showing them how to do it, and then actually getting them to do it.

Ann: It also gives the student a chance to apply the theory to different situations in the clinical setting, a variety of circumstances, and variety of patient conditions.

Sue: Hopefully, as well, it should reduce some of the stress.

I: The stress related to (pause)

Sue: The stress related on the part of the student, the stress that the student is experiencing in a new situation and if the instructor is there, I think I it helps them over the inital handicap.

Pat: I think you are helping the student to learn to apply the nursing process but, as well, to integrate at various levels, assist the student as well.

I: And would that be dependent on the level of the student as well, or (pause)

Pat: Yeah

I: So you would take those factors into consideration. I guess, in nursing too we often find that our nursing programs are set up, and you have mentioned it too, class theory and practice and the application of theory into practice. Do you see distinct differences between classroom teaching of a nursing instructor as compared to clinical teaching?

Ann: I think the strategies would be different.

I: In classroom teaching as compared to clinical teaching?

Ann: Classroom teaching would probably be influenced by the size of the group that you have. Larger groups being primarily lecture, smaller groups being a bit more interaction. But I think in the clinical area there are different strategies that come into play.

Sue: Certainly the problem solving is what's so much easier in the clinical situation. You really don't get into that in a lecture.

I: The lecture wouldn't lend itself to that?

Sue: The lecture wouldn't lend itself to that.

Pat: I think they are two different related things. There is certain content and things that you develop in the classroom so, therefore, you use different strategies to help the student learn. Whereas, when you're in clinical certainly it's not separate. But again, it's different content things and so, therefore, again your developing and using different strategies to help the student learn.

I: As instructors in the clinical area, did you find that you were different then you were as instructors in classrooms? For example, were there any things that were different because of the presence of the patient or anything?

Sue: Certainly. The patient introduces another dimension that you don't have in the classroom and the patient has to be very much considered. I think it's really important as the instructors in the area to prepare the patients for the students' coming to look after them. As well, there is a lot of one-to-one in the clinical that we certainly don't have in the classroom.

Pat: The context is totally different.

Sue: The whole context is different.

Pat: So, therefore, again your strategies change.

I: They change to reflect the context in which you are working?

Ann: I think the one-to-one interaction that Sue was talking about is really important. In fact, I'm wondering if most clinical instruction doesn't take place on a one-to-one basis, incidental one-to-one interaction.

I: When you think of your own experiences as instructors, is that what happened? That you were doing in while clinical teaching did you interact with students predominantly on a one-to-one basis, Ann?

Ann: Yeah. Aside from maybe a group interaction at one point in a day, the majority of the activity was definitely on a one-to-one.

Sue: It also depends on the number of students and the level of student that you're dealing with. You might be able to do more group with your junior basic student. As you get into a more complex procedure, you are pretty well one-to-one.

I: Do you find the same, Pat?

Pat: Again, probably using much more different and varied strategies, I find that in the clinical area again the context really defines it. Because in the classroom say if you've got one hundred students, you are pretty well confirmed to using more of a deductive method, information imparting. Unless you're fortunate enough to have a smaller seminar group of ten, then you can get into more inductive type of methods of learning. Whereas, in the clinical area you can use both. There might be an emergency where you have to do more, give them information to act. Whereas, in other circumstances, it's more varied in the clinical area.

I: So, developing on your point there, you were saying in some emergency situations you just have to give them the information. Is that typical in clinical teaching or would you relate that to a specifically emergent-type situation?

Pat: I find your clinical area totally varies from day-to-day to week-to-week to student-to-student as far as what strategy I use as does the context.

I: So, in some situations you would actually tell the student what to do and in others you wouldn't. Is that correct?

Pat: An with a different student in the same circumstances you might use a different strategy.

I: So, it differs according to the student, the day, the patient, and so on. Did you find the same, Ann?

Ann: I suppose so. Although the areas that I'm familiar with are fairly routinized and, for example, the operating room when I was dealing with students in that area, there are certain techniques that were more useful to me than others.

I: You had more structure in that area, is that what you are saying?

Ann: Yeah. I think because of the structure that is inherent in that area that certain techniques work better than others. Probably demonstration to begin with, and then coaching and participation in the activity secondly, and then more independent activity later on.

I: Sue, did you want to comment on that too?

Sue: I was just thinking on the different types of people I've taught, teaching student nurses you really do have a lot of variety, I think. When I taught the orderlies, I don't think I used a many differences at all. It seemed to be a lot of telling, like you do this and this and they seemed to respond to that method of teaching. And then when you teach the graduate nurse, you do an awful lot of the inductive. You know you take them through and have them really come up with the answers, just kind of coaching and guiding them along. So, it really does vary according to level and type of learner.

I: That's an interesting point, that it depends upon the level of the learner and Pat was referring to that. So, the teaching strategy and how you teach is dependent on who is there and why is that accurate?

Ann: And at what stage of the rotation.

Sue: That's another really significant point.

I: What do you find different at the beginning? What would you say in the beginning as compared to the end of the rotation would be different with the students?

Ann: In the beginning, there is an awful lot of material that has to be covered by just telling, orientation to the unit for example, and then as the student becomes more familiar with the area and the type of patient they are encountering they can take more independence with what they are doing and with what they want to learn in that area and what they need to learn.

I: So, then you can see a difference in the way you would approach that student in the beginning of the rotation as compared to the end. Did your expectations change with the student? What would have happened if you had a student that at the end of the rotation the student still required a lot of telling as you did in the beginning? How would you react to that?

Ann: I guess I would question whether that student had met the objectives of the experience and a close look at the objectives would be in order. And if they were still needing a lot of guidance, I would probably still be utilizing the same strategies I used with them in the beginning. Although, it would be time for a good look at the strategies too.

I: You would be concerned then?

Ann: Oh, yeah.

I: Do you find the same, Pat, that you vary from how you start to how you continue?

Pat: I think so. Not only the needs of the learner as they change over time and the objectives try to move towards the patient or the context varies depending on which unit you're on and that dictates some of the strategies you have to work with. And also I know myself, I know I have my own biases as what's more effective, some of my own strategies that I'm better at. Whereas, some (unable to hear) teach rote psychomotor skills I get really frustrated with after a certain period of time and prefer more to develop decision making skills and help the student work through to the answer rather than giving the answer. That's because I know those are some of my own biases too and I have to watch.

I: So, when you're helping a student work through to the answer, do you work closely with that student, like as a partner, or how do you do that?

Pat: Try to (unable to hear) in certain decision making skills to use those to (unable to hear).

I: So, what you are essentially doing is getting the student to work out. Come to the end.

Pat: Looking at the process as opposed to the knowledge, the process of attaining it.

I: One of the things I've picked up is that we have the different settings and how things change from one day to the next. There is so much that has to be geared to the individual at that time rather than a prestructured plan. Do you find that's difficult in clinical teaching when you think of your own experiences? Could you plan your day or put structure into it because of all the (pause) it seems like things change?

Ann: I think in some respects as nurses we are prepared to cope with change and so as instructors we adapt to change very readily.

I: Did you ever think about that as sort of a problem as a clinical teacher or did you see that as just that's the way it is?

Sue: I think it can be a problem because, and indeed probably, an instructor has to be extremely adaptable and flexible because the patients change, the staffing requirements change and then you're trying to superimpose your students on that system and it can be very frustrating at times and I don't think there is any question, at least in my experience it has been. And you know you have to adapt because the patient care needs on the unit must come first but it can be really hell. Now I'm going to do this and this with the students today and all of a sudden I find I can't do that because this and this has changed. It's extremely important that people be flexible but it's no way that it can not be frustrating at times because we do need some kind of a plan.

I: And have a plan but not necessarily be able to follow it through.

Sue: Yeah, yeah.

I: Do you think that's unique to clinical teaching? Would that happen to you in the classroom or do you see that as standard occurrence?

Ann: Probably plans in the classroom can be made concretely a fair bit ahead of time depending on how you've organized yourself to prepare. I guess you can have some general objectives that are fairly concrete in the clinical setting but as to whether or not you will be able to achieve them on a particular day, at a particular time, is questionable.

I: Sue, in classroom teaching do you recall having the same need to be flexible and adaptable as you do in clinical teaching?

Sue: Definitely not. I found in the classroom I knew what I could do. I would do up a lesson plan and knew I was going to get through that. The only flexible area there was in relation to the questions the students would have that could perhaps be an uncontrollable variable but otherwise it was pretty structured. Whereas, in the clinical environment, I found a lot of change that I had to adapt to on a consistent basis. So it was quite different and I think sometimes that part is really hard on instructors to make that change if they have taught a lot in the classroom and move into the clinical. Sometimes a hard move because you don't have the control that you had.

I: So, the environment is really quite different. You're not in control of what is happening.

Sue: She's not in control.

I: Do you find the same, Pat?

Pat: Sure. Patients change and the institutional environment continually changes and you have to be flexible. And not only that too, it's frustrating in the clinical area because you have to work more closely, more one-to-one. And it's always frustrating because definitely in a group of 6-8-12 that you have, there is always a faster learner and a slow learner. And, in the clinical area, sometimes because of the nature of what they are learning, patient care, the slower learner (less safe) you might have to spend more time with than someone who you would like to spend time with to develop to but is more independent because they are safer in the patient area. So, that can be frustrating too, at times.

Sue: One of the areas that I hear people chatting about more now then when I was an instructor myself. The fact that instructors are guests in a clinical situation and that once more takes away from any control that they might have. Because if you are considered a guest, then you have to take the needs of everyone else. Well, it depends on the nursing unit supervisor where you fit in, where you requests fit in.

Pat: I can relate to that being an outsider coming into an institution to use the clinical facilities for teaching. That probably a good part of that role in clinical teaching, before you start out having students there, before clinical teaching strategies, is the public relations that have to go on in order to adapt to the individual ward. And how much that ward affects the students' learning experience which is vital (tape unclear) unit supervisor as well.

I: So, there is the element of the public relations aspect of, is that unique to clinical teaching as compared to classroom teaching?

Sue: I think so. In the classroom, I'm not a guest. I'm in charge.

Pat: That's right.

I: It's your territory.

Sue: But after a period of time, I think it's mine but it's never the case on the unit.

Pat: Especially today when there is an increased number of students and the demand to be more cost effective and vying for clinical placements too really has a tremendous effect on what and how these students actually learn.

I: So, would you say a fair bit of your time in clinical teaching is spent with the staff and working on rapport? Did you find that when were teaching, Ann?

Ann: No. I think in the situation I was in we were part of the institution at that time and everyone was quite committed to the fact the students should be there, the students belonged to the institution so a different atmosophere, but as I understand that has changed.

I: Did you find that public relations with the staff was important at that time even though the students belonged?

Ann: Oh, yeah. To get the staff accepting of the students and getting the staff to help the students as well, which may not be the situation anymore, Pat. I imagine the students are pretty independent of the staff (Pat nods head), are they not?

Pat: It depends on the level of the student but they are not. They definitely need support from the staff.

I: Do you need the support too?

Pat: Sure.

I: As an instructor going into the clinical area with six, eight or whatever number of students would you consider doing it in isolation or is that a realistic expectation of clinical teaching?

Ann: I think it would be impossible.

Sue: It would be suicide.

I: Suicide. Pat is shaking her head, we have a concensus.

Pat: I think another frustrating part about clinical nursing, there is nothing as far as data to back up why we do a lot of these things in nursing. It's really anecdotal. Like why do we have six, eight, or ten students per one instructor? Is it better to have consecutive days or spread out days? What's the number of hours? Again, it boils down to strategies again. How we teach is strictly anecdotal. We don't have any data to back us.

I: So, essentially what we have done has worked till now so we continue doing it.

Pat: That's right. When do we start clinical experience in a program and what kind of clinical experience, and not to mention getting into the evaluation aspect, as Ann mentioned, your strategies change as the student progresses throughout the rotation. And there is always the question when do you stop guiding and starting evaluating.

I: What is learning time compared to evaluation time?

Ann: Instinctual.

I: Are there other elements of clinical teaching that come to mind as being only that are unique or special to clinical teaching or something when you think about your clinical teaching? Is there anything else that we haven't discussed?

Sue: I think I'm going to speak a little bit from service attaching to one of my experiences as teaching. One of the things is a major complaint from service side is that the instructors are not visible. It seems to me that that is one of the most difficult things to handle because it is very exhausting to be visible all the time and yet if you're not visible when service expects you to be visible, then this whole issue of public relations goes right down the tube. I have been most concerned just recently listening to some of our nursing unit supervisors saying they don't want to have anything to do with the education of the students because why should they do it all. I mean, they don't see the instructors, and I go back to this, that you've got to be visible and yet you can only be so visible. You can only be one person and you have ten students and also you're expected to do some other things besides being visible on the floor. You have other responsibilities and I think that's a major, from my point of view, as I'm seeing it right now, a major dilemma for the instructor during the clinical experience.

I: From your own exposure?

Sue: From what I'm seeing right now in the clinical teaching environment.

I: And yet is it similar to what Pat addressed the public relations aspect?

Sue: I think it's part. It's definitely part of it because if you're not visible you lose credibility and your public relations is seriously affected.

Pat: I think that gets into the whole area of the competencies of the clinical teacher, public relations, clinical competencies. But again, what is the clinical competency for a clinical teacher? There is a lot of controversy out there. Would you expect a clinical teacher to be an expert at bedside nursing still or is she expert in various other competencies? I think it is beginning to be more studied and issues related to that. But again, you don't really know what they are.

Ann: I wonder, I think the expectations are that she's expert in everything, teaching, clinical nursing.

Pat: At times you begin to feel like that, and service gets concerned. But again, you have nothing to back up your actions.

Sue: That's right.

I: When you were teaching in the clinical area did you see yourselves as teachers first or nurses first?

Pat: Nursing.teachers.

I: Nursing teachers, that's a fair way nursing/teachers.

Sue: Can I just make a point here about that. We find with our unit based instructors, these are the group that teach the graduate nurses, they have to first of all demonstrate that they are nurses.

They have to demonstrate their clinical expertise to their colleagues or their colleagues will not respond to their teaching. It would be interesting to do some research on that one but that's a strictly observable thing that I've noticed and always when I hire a unit based instructor I send her on the unit to do that extended period of service first. Hoping that she wouldn't hang herself, honest, because if she does it going to be pretty difficult to do teaching. In fact, I try to protect her by sending her to other areas. For example, if she's going to be an instructor in med-surg, I'll send her to I.C.U. to get her skills up so that she will go back to the unit with those kind of assessment skills.

I: When you were teaching in a diploma nursing program were you being expected to have all the skills too?

Sue: The students put that expectation on you.

I: What about the staff?

Sue: And the staff as well.

I: Did you find that Ann too?

Ann: Definitely. I thought that I had to have definite demonstrated expertise in the area.

I: Do you find that?

Pat: Is it expertise or competency? I guess we get into terminology or semantics. Because again, I say I don't make any apologies for saying I wouldn't consider myself an expert bedside nurse as to a staff nurse working in the area.

Sue: Who is doing it all the time.

Pat: With the increasing specialization and technologies that are out there but certainly I'm competent enough with any skills that I would expect my student to do. Whereas, I would say I'm more an expert in nursing education as compared to the staff nurse on the unit.

Sue: That's really important and I think that's right, we should use the term competence when we talk about nursing practice for the instructors. And I think I'm saying that that they should demonstrate competence not expertise. Because of the amount of time you would go in and practice, your skills would only give you competence and not expertise. And that's an important distinction.

Pat: Unless again, there are various issues as you talk about clinical based instructors, nurse practitioner, etc.

Sue: Yeah. Again, that's different degrees.

I: I have found this really interesting to talk about the whole area of clinical teaching and the whole notion of thinking about this aspect, what it means to us. I don't know anything else that I want to specifically address unless there is someone who wants to add something that we haven't talked about.

Pat: One thing to add is the anxiety or stress level of the student is really interesting. I find that no matter what degree or amount of time we might practice in the simulated laboratory experience and they seem to be very confident that actual implementation with the live patients seem to throw a totally different light on the situation. It's not that they can't perform, it's just that their anxiety level is so very, very high for the student. For example, I've seen a student go into a different area, each time I have seen their anxiety rise.

I: So, do you or what do you have to do in those situation or how do you function? Do you have to change things?

Pat: Being aware of their anxiety level, and giving them the time to work through, and building their self-confidence.

I: And that's an element that actually in ther classroom or clinical lab you really don't have to address.

Pat: Yeah, yeah.

I: That's a good point.

Sue: I think another point we have to address a bit more is that socialization into nursing is an important concept in clinical teaching. So that, it probably relates to what you're saying the stress level, for until they actually feel like they are nurses practicing nursing, they will constantly be sort of having problems performing. And, I guess, in the clinical situation is the time when we have to give them the opportunity to become socialized into nursing and, I guess, I'm saying socialized as opposed to being a student, socialized into being a nurse. And I think it's really important that clinical teachers do address that.

Pat: I was just going to add, when do you sort of expect that? At the end of the program?

Sue: It has to be at the end of the program.

Pat: Or when you begin?

Sue: No. Definitely at the end of a program. But I think it's something we have to be aware of in clinical teaching.

I: At the end of the program that they would be able to be socialized and be able to be accepted by the nursing community. Is that what you're saying?

Sue: Yeah, that's what I'm saying.

Ann: There is a body of literature that's evolving just now that refers to the socialization process that takes place after the student graduates and how much influence the peer group has on what the student has learned and it has such a strong influence that new graduates tend to (end of tape) the use of nursing model that students are encouraged. In fact, their whole education is based on one particular nursing model and they become used to using it in their nursing practice and then as soon as they get out into the work setting they discard it because all the other graduates pooh-pooh the idea of having one at all. The socialization process that takes place then is thought to be detrimental to what has taken place prior to graduation.

Sue: I guess I would argue to that perhaps we haven't had enough of a socialization process within the program to have it a part of the person and as they move into a new environment they feel so unsure they tend to go with the flow as opposed to.

I: Breaking new territory?

Sue: Yeah, breaking new territory.

I: When you think of your teaching to how do you teach in the clinical area. How did you develop the styles that you have right now? How did you get that? Have you ever thought about that?

Ann: Role models that we had when we were students, things that seemed to work then, and we were impressed with, are probably strategies that we carry across.

I: So, what your instructors, how you were taught as a student, is that what you said?

Ann: Using things that have worked in the past.

I: So, initially we learn with trial and error sometimes, is that fair to say?

Sue: I certainly did. You would find things that worked and things that didn't work and you would try different things. I agree with you on role modelling. I think I always think back to instructors I had and think they did this really well and model yourself after that. I think you also model yourself after peers that you respect as well.

I: That's an interesting point, the effect of peer instructors on others. Do you also see how you don't want to be? Or didn't want to be?

Sue: Oh yes, (laughing) not only positive but negative as well.

Pat: Not only peers but student feedback as well student ....

I: (stopped tape, discussion continued) ... and that the area of not becoming cynical in clinical teaching, is that right?

Pat: Right. And not wanting to give up because you see the students not being able to meet your expectations. As soon as they do graduate they change or go with the flow as we were talking about. See, the other kind of nursing care around that the students are modelling after that is not quality care, just getting disillusioned with nursing.

Sue: Tell me, do you think that's a direct reflection of the staffing levels which we have on our nursing units now which are being cut almost every year?

Pat: I think so. To me it means you can't work in isolation, education, service, research. Have to work together because one is so much ....

I: Yeah. I think that's a very valid point as far as recognizing the relationship that I think both of you have just addressed that.

APPENDIX E

CATEGORIES IDENTIFIED IN PHASE TWO OF THE DATA ANALYSIS

CATEGORIES IDENTIFIED IN PHASE TWO OF THE DATA ANALYSIS

1. Varying nature of clinical area patients
2. Varying nature of nursing students
3. Relationship with nursing practice
4. Nursing instructor provides patient care
5. Clinical area stressful to nursing students
6. Nursing instructor attitude towards nursing student
7. Limited knowledge of others clinical teaching
8. Reaction to researcher
9. Feedback to nursing students
10. Nursing instructor reactions of self-evauation, reflection, and desired feedback
11. Classroom - clinical references
12. Nursing instructor activities - planning, organizing and assessment
13. Reaction to fieldnotes of observation
14. Role modeling

APPENDIX F

RESEARCHER'S RESUME

RESUME

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EXPERIENCE:

1982-present	Misericordia Hospital Director, School of Nursing
1979-82	Misericordia Hospital Nursing Instructor
1976-79	Prince George Regional Hospital Director, Personnel Services
1974-79	Prince George Regional Hospital Education Co-ordinator
1972-74	University of Alberta Hospital Nursing Instructor

ACADEMIC BACKGROUND: University of Alberta

1986	Doctoral Student in Educational Administration
1982-84	Received Master of Education in Educational Administration Project: "Post-Basic Certificate Program Emergency-Intensive Care Nursing"
1971-73	Received Bachelor of Science Degree in Nursing
1968-71	Received Registered Nurse Diploma
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PUBLICATION: "The development of a post-basic certificate program-for credits!" Canadian Nurse Volume 81 May, 1985 34-35.